

DEPARTMENT OF ELEMENTARY EDUCATION 1600 Holloway Avenue -BH 179 San Francisco, CA 94132-4158 Tel: 415/338-1562 Fax: 415/338-0567

E-mail: elemed@sfsu.edu http://gcoe.sfsu.edu/content/contact-department-elem entary-education

## PK-3 ECE Specialist Instruction Credential Program at SF State

## **EARLY FIELD EXPERIENCE**

The Early Field Experience is designed to *simulate* the credential you are seeking so we may gain a preliminary assessment of your potential as a teacher in a preschool through 3<sup>rd</sup> grade classroom in a public school. The program requires 30 hours of early field experience before application to the credential program.

## Documentation of Field Experience:

A variety of options for meeting this requirement. You may use one or more of the options to meet the 30 hours of early field experience. Please attach the evidence (or letter) verifying the completion of hours. This form must be signed and submitted with other applications via CalState Apply. Please check all that apply.

private ECE classr contact with childr	oom or elementary school. Mo	a teacher aide, assistant, or teacher in a public or ost of the time, there has been direct and/or indirect ner, site administrator, director, or district
		er in a public school with an emergency permit, as a las verified by a district or site administrator.
must be in a regula 10 hours may be sp	or ECE or elementary education bent in an early childhood or elect. EC, ELL, or literacy-focused).	en/students as a volunteer. A minimum of 20 hours in classroom with a credential teacher. The remaining lementary level special education or special services. The classroom teacher or site administrator may
	with children or young studen	leting a course(s), which have a field experience in its. Please note the course number(s) and title(s) as
Course (title & number) _		Semester/Year
College		
Description of fieldwork e	experience including name or s	school/district/age-grade level if applicable:
an afternoon-schoo	ol program, outdoor education	hours) such as tutoring, ABA therapist, teaching in instructor, etc. Verification may be from a site administrator or teacher must be submitted.



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## APPLICATION and VERIFICATION

Applicant Name		
Semester Applying	for	
School & District _		
Position:		
Grade Level:		
Dates of Service: _		
	om Teacher/Supervisor Vo	certify that the above-name applicant
rvedubstitute, aide, volunte	er, tutor, etc.) or working w	hours** in an instructional capacity rith children as stated above.
gnature:		
rinted Name:		
osition:		
mail:	Phone:	Date: