

School Media Field Experience Record Sheet

DEPARTMENT OF INFORMATION STUDIES, UNIVERSITY AT ALBANY, SUNY

Student Name _____ ID# _____

ELEMENTARY

School Name/District	Grade Levels	High Needs?	Supervisor	Dates/Hours	Supervisor Initials

SECONDARY

School Name/District	Grade Levels	High Needs?	Supervisor	Dates/Hours	Supervisor Initials

Notes: