



PRE-PROFESSIONAL FIELDWORK VERIFICATION

NAME _____

MENTOR TEACHER _____ CONTENT AND/OR GRADE LEVEL _____

SCHOOL NAME & ADDRESS _____

example

Week of	M	Tu	W	Th	F
01/04/19		2		2	1

Pre-professionals: Please fill in the number of hours for each day you volunteered.

This must be an accurate accounting of your time in the classroom, and it must be verified by your mentor teacher when they sign at the end of the quarter. Please record the TOTAL HOURS before giving it to your mentor teacher to sign.

TOTAL HOURS _____

Mentor Teachers: Please sign to verify your pre-professional's TOTAL HOURS.

Mentor Teacher's signature _____ Date: _____

Mentor Teacher's email address & phone _____

Mentor Teacher's Optional Comments

We appreciate your comments on your pre-professional's performance in any of the following areas:

Professionalism (attendance, punctuality, attire, communication)

(continued on back)

Attitude and Demeanor

Contributions to your Classroom

Interactions with Students and Staff

Subject Matter Competency

Additional Comments

Mentor Teachers: Please return this completed form to your pre-professional. Feel free to contact Pre-Professional Coordinator Katie Blackwell (kblackwell@ucsb.edu) with any additional comments, questions, or concerns. THANK YOU for your time and support of our pre-professionals!