

**FINAL SUMMARY OF FIELD EXPERIENCE HOURS
MA ONLY**

(To be completed upon completion of ALL Field Experience Hours)

Student Name: _____ Semester: _____

Elementary Placement/Location: _____

Direct Hours _____ # Indirect Hours _____ Total Hours _____
Of the Direct Hours, how many were Group Hours? _____
Of the Direct Hours, how many hours were different from self? _____

Middle/Junior High Placement/Location: _____

Direct Hours _____ # Indirect Hours _____ Total Hours _____
Of the Direct Hours, how many were Group Hours? _____
Of the Direct Hours, how many hours were different from self? _____

High School Placement/Location: _____

Direct Hours _____ # Indirect Hours _____ Total Hours _____
Of the Direct Hours, how many were Group Hours? _____
Of the Direct Hours, how many hours were different from self? _____

Other Placement/Location: _____

Direct Hours _____ # Indirect Hours _____ Total Hours _____
Of the Direct Hours, how many were Group Hours? _____
Of the Direct Hours, how many hours were different from self? _____

TOTAL DIRECT CONTACT HOURS _____

TOTAL INDIRECT HOURS _____

TOTAL GROUP HOURS _____

TOTAL HOURS DIFFERENT FROM SELF _____

TOTAL DIRECT and INDIRECT HOURS (minimum 200 hours) _____