



GRADUATE COLLEGE of EDUCATION

Credential & Graduate Services Center
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SINGLE SUBJECT CREDENTIAL PROGRAM

EARLY FIELD EXPERIENCE

Title 5 Regulations from the *California State University Chancellor's Office* requires each credential candidate to have participated in a supervised Early Field Experience in a *school setting* prior to application to a credential program. 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 classroom teacher. **Thus, the classroom must be in a single subject, public middle or high school general education classroom setting in the United States and in the content area you wish to teach.**

DOCUMENTATION OF EARLY FIELD EXPERIENCE: SF State permits a variety of options in meeting this requirement. Below, please indicate which option you have met. The bottom of the page must be signed and submitted with your application to verify completion of the Early Field Experience:

1. _____ Completion of **45 hours** paid experience as a teacher aide or teacher assistant the majority of which time has been direct or indirect contact with students. The classroom teacher, a side administrator or a district administrator may verify this.
2. _____ Completion of **45 hours** as a classroom teacher in a public school with an emergency permit, as a substitute teacher, as verified by an administrator.
3. _____ Completion of **45 hours** working with students as a volunteer in a regular education public classroom with a credentialed teacher. The classroom teacher would verify this experience.
4. _____ Successful completion of **OR** in the process of completing a course(s), which have a field experience in your subject area where you worked with young adults. Please note course(s) and include a copy of transcript and/or proof of enrollment with a course description for verification. A letter from the supervising teacher or school site administrator must also be submitted.

Applicant Name _____ SFSU ID _____

School Name _____ School City _____

Grade Level(s) _____ Inclusive Dates _____

Environment:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Limited English Proficient | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Public Charter School | <input type="checkbox"/> Fluent English speakers | <input type="checkbox"/> Suburban |
| | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Rural |

Print Teacher Name: _____ **Date:** _____

Teacher or Other Authorized Signature: _____