ILLINOIS STATE UNIVERSITY

CLINICAL EXPERIENCE DOCUMENTATION FORM

USE NO. 2 PENCIL ONLY

Proper Marks ● ● ● ● Improper Marks ✓ ✗ ◒ ⊙

LAST FIRST MAIDEN
PRINT STUDENT'S NAME (1)

LAST FIRST
PRINT ISU INSTRUCTOR NAME (2)

STUDENT'S U.I.D. (3)

CLK. HOURS (4)

YYS (5)

DPT (6)

CRSE # (7)

SEC (8)

SETTING (select one) (9)
① General Ed Classroom
② SED Self-Contained
③ SED Resource
④ Other_____
⑤ Virtual/Online
⑥ Clinic

LEVEL (select one) (10)
⓪ Multi-Levels
Ⓐ Infant/Toddler
Ⓑ 3-5 Year Olds Day Care
Ⓒ Pre-K Not Day Care
Ⓓ Kindergarten
Ⓔ First-Third Grades
③ Intermediate Grades
④ Middle School/Junior High
⑤ High School
⑥ Agency Youths/Adult
⑦ College
⑧ Level Not Applicable

SITE TYPE (select one) (11)
① Rural (<2,500 pop)
② Small Urban (2,500-50,000)
③ Large Urban (50,000-2 million)
④ Metropolitan (> 2 million)

EXPERIENCE TYPE (all that apply) (12)
① Observation (including fieldtrips)
② Tutoring one on one contact
③ Non-Instructional assisting
④ Small Group Instruction
⑤ Whole Class Instruction
⑥ Work with Clinic Client(s)
⑦ Graduate Practicum
⑧ Professional Meeting

COMPLETION STATUS (select one) (13)
① Passed (completed experience satisfactorily)
② Failed (completed experience unsatisfactorily)
③ Incomplete
④ Withdrew

CULTURAL COMPOSITION (all that apply) (14)
① American Indian/Alaskan Native
② Black Non-Hispanic
③ Asian/Pacific Islanders
④ Hispanic
⑤ English Language Learners (ESL)
⑥ White Non-Hispanic
⑦ Poverty (free/reduced meal enrollment)
⑧ Other_____

EXCEPTIONALITY (all that apply) (15)
⓪ Speech Language Impaired
① Physically Disabled
② Behavior Disorder
③ Deaf and Hard of Hearing
④ Visually Impaired
⑦ Learning Disability
⑧ At Risk
⑨ Gifted
Ⓐ Autism/Asperger's Syndrome
Ⓑ Developmentally Delayed
⑩ None of the Above

DISTRICT CODE (16, 17)
COUNTY NUMBER
DISTRICT NUMBER

COOPERATING TEACHER'S DRIVER'S LICENSE NUMBER (18)

SCANTRON Mark Reflex® EM-220224-5:654321 ED06

Print School Building/Agency Name (19)
City (20)
Print Cooperating Teacher's Name (21)