

Clinical Experience (Blue) Documentation Form LEGEND

*See form with corresponding numbers on the back of this page.
ALL items should be clearly printed and bubbled in PENCIL!*

1. Student Name
2. ISU Instructor/Faculty Member Name
3. Student UID Number
4. Clock Hours (total) of clinical experience (round to the nearest hour); All blanks should be filled (e.g. ten hours = 010).
5. YYS = Year and semester of clinical course:
 - YEAR = the last two digits of the current calendar year:
 - SEMESTER: 1 = Spring Semester, 2 = Summer Session, 4 = Fall Semester
 - EXAMPLE: A course taken in the Fall Semester of 2011 would be 114.
6. DPT = Department Number for the clinical experience course. See table below.

DEPARTMENT CODE NUMBERS	
COLLEGE OF APPLIED SCIENCE AND TECHNOLOGY	COLLEGE OF ARTS AND SCIENCES
502 = Agriculture	412 = Biological Sciences
506 = Family and Consumer Sciences	416 = Chemistry
510 = Industrial Technology	448 = Communication
512 = School of Kinesiology and Recreation	424 = English
522 = Health Sciences	430 = Literature, Languages, and Cultures
COLLEGE OF BUSINESS	COLLEGE OF EDUCATION
556 = Business Education & Administration	440 = Geography-Geology
	442 = History/Social Sciences
	452 = Mathematics
533 = Curriculum and Instruction (ECE, EI Ed, ML)	456 = Physics
590 = Educational Administration & Foundations	462 = Psychology
591 = Special Education	472 = Communication Sciences & Disorders
COLLEGE OF FINE ARTS	
562 = Art	
566 = Music	
570 = Theatre/Dance	

7. COURSE NUMBER. Example: 210.00 or 245.06 (do not include the decimal on form).
8. SECTION= the section number of the course. Example: 001 or 090.
9. SETTING = in what type of setting did the experience occur? (**CHOOSE ONLY ONE!**)
10. LEVEL = what age were the learners being observed, etc.? (**CHOOSE ONLY ONE!**)
11. SITE TYPE = what was the size of the community in which the setting was located? (**CHOOSE ONLY ONE!**)
12. EXPERIENCE TYPE = what did the teacher candidate do during the clinical experience?
13. COMPLETION STATUS = what is the teacher candidate completion status of the experience? ISU Instructor verifies.
14. CULTURAL COMPOSITION = what was the demographic makeup of the learners observed, taught, etc.?
15. EXCEPTIONALITY = what disabilities or gifts did the learners have who were observed, taught, etc.?
16. COUNTY NUMBER = three digit number of county in which school/agency is located; check code sheets.
17. DISTRICT NUMBER = four digit number of school district (or agency); check code sheets.
18. COOPERATING TEACHER'S DRIVER'S LICENSE NUMBER = Illinois DL# only; You may write birth date below the cooperating teacher's first and last name for accurate documentation and distribution of tuition waivers.
19. SCHOOL BUILDING/AGENCY NAME = site where experience occurred. If left blank, form will be returned to ISU instructor.
20. CITY = city in which school/agency is located; If left blank, form will be returned to ISU instructor.
21. COOPERATING TEACHER/PROFESSIONAL NAME = FIRST AND LAST NAME of site teacher/professional who allows experience to occur in his/her setting. If left blank, form will be returned to ISU instructor.

Note: For those Clinical Experience Documentation Forms which have NOT had the year and course information in the top right section pre-printed, please ensure those sections (numbers 5 – 8 above) are completed on the Clinical Experience Documentation Form.