Education Placement Office
Early Field Experience Contract

Student's Name: _____

EDF2085 Instructor:_____

Placement School: _____

Cooperating Teacher: _____

I understand that I am required to complete a total of **15 hours** of field experience for the current EDF2085 course in which I am enrolled. I understand that I am responsible for beginning the field experience within one week of receiving my placement and for establishing a field experience schedule with the assigned Cooperating Teacher. I will list the schedule below. I understand that I am responsible for adhering to that schedule and must notify the Cooperating Teacher if an emergency should arise that would cause me to be absent. I understand that if I do not begin my field experience within one week or adhere to the established schedule I may receive a failing grade for my course.

Early Field Experience Schedule

Date	Start Time	End Time	Total Hours		Date	Start Time	End Time	Total Hours

Total Hours _____ Total Hours _____

_____ _____ _____

Student's Signature Cooperating Teacher's Signature Date

- The original of this form must be returned to the **Broward College Placement Office** within one week after the first Field Experience session. Remember to keep a copy for yourself and give a copy to your cooperating teacher.
- Please complete this form in BLUE ink.