

University of Washington
School of Music
Music Education Division

VERIFIED RECORD OF STUDENT OBSERVATIONS

Early Field Experiences

Name: _____

Quarter/Year: _____ Music Ed course number: _____

For each observation, provide the relevant information below. Please ask the teacher you are observing (or one of the teachers you are observing, when appropriate--e.g. ensemble festivals) to sign this form as verification. Use one form for each observation.

Turn in this form with all observation assignments.

Date: _____

Teacher(s) Observed: _____

School: _____ District: _____

Type of class: _____ Grade level(s): _____

Length of observation (in minutes): _____

Teacher signature