

## Field Work Experiences Log, EDEL Courses

Relates to California Standards for Teaching Profession CSTP and Teaching Performance Expectations 1 – 13 TPE

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Student Signature \_\_\_\_\_

Diversity Profile Matrix																								
COURSES	GRADE								TITLE I		SES			ETHNICITY						ELL		REMARKS		
	K	1	2	3	4	5	6	7	8	YES	NO	LOW	MID	Hi	H	B	A	P	W	O	%		LANGUAGE(S)	
EDEL 380																								
EDEL 413																								
EDEL 431																								
EDEL 442																								
EDEL 452																								
EDEL 462																								
EDEL 472																								
EDEL 475																								

Check all boxes that apply below or include indicated information to document the diversity of field experience and identify each field site  
 SES = Socioeconomic Status; H = Hispanic; B = Black; A = Asian; P = Hawaiian or Pacific Islander; W = White; O = Other; ELL = English Language Learners

<input type="checkbox"/> <b>EDEL 380</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	<input type="checkbox"/> <b>EDEL 442</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	<input type="checkbox"/> <b>EDEL 472</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____
<input type="checkbox"/> <b>EDEL 413</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	<input type="checkbox"/> <b>EDEL 452</b> <input type="checkbox"/> <b>EDEL 452B</b> <input type="checkbox"/> <b>EDEL 452C</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	<input type="checkbox"/> <b>EDEL 475</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____
<input type="checkbox"/> <b>EDEL 431</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	<input type="checkbox"/> <b>EDEL 462</b> University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____	_____ University Instructor _____ <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus School _____ District _____ Classroom Teacher _____ Semester/Year _____ Total Field Hours _____