

# PRE-STUDENT TEACHING CLINICAL EXPERIENCE FORM

LOYOLA UNIVERSITY CHICAGO  
SCHOOL OF EDUCATION  
820 N. Michigan Ave.  
Chicago, IL 60611

Course # \_\_\_\_\_

Student \_\_\_\_\_  


  
 Last First M.I.

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please check appropriate boxes:**

Undergraduate

Elementary  
 Secondary: Major

M.Ed.  
 Special Ed.

Verification of Experience: \_\_\_\_\_

School or Agency	Tasks & Experiences	On-Site Teacher Initials	Total Hours
<b>TOTAL HOURS</b>			

To the student: Form must be signed by the site administrator.