

EXPERIENCES WITH CHILDREN AND/OR ADOLESCENTS

**Lake Superior State University
School of Education
Form F315-a**

Documentation Form for Application to Teacher Education Program

Applicant's Full Name: _____ **ID #** _____

The following section is to be completed by the individual who supervised the applicant in a teaching-related activity.

Title of Applicant's role: _____

Description of applicant's role/responsibilities: _____

Approximate dates when activity was performed: _____

Ages of children with whom applicant worked: _____

Approximate number of clock hours of experience working with children: _____

My assessment of the applicant's performance is: _____ **Excellent** _____ **Good** _____ **Fair**

Supervisor's /Observer's Name: _____

Title/Role: _____

Address: _____

Telephone: (_____) _____ **Work;** (_____) _____ **Home**

This form is to be returned to the applicant. The applicant is to attach it to the formal admissions application to the LSSU Teacher Education program.