

**Verification Form  
First Day/Last Day  
Public School**

Credential Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Time: From: \_\_\_\_\_ to \_\_\_\_\_ Group size: \_\_\_\_\_ Subject/Grade level: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_

Observations/Comments:

\_\_\_\_\_  
Master Teacher

\_\_\_\_\_  
Candidate

*Return form to Field Experience Coordinator*