



Field Experience Report

Course Title:	
Course Code:	
Program:	
Department:	
College:	
Institution:	

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A. Field Experience Identification

No	Supervisor(s)	Location	Number of Students	
			Starting the course	Completing the course

Dates and timing (duration) of field experience activities implementation:

- Dates:
- Timing (Duration):

B. Training Delivery and Assessment

1. Training Methods and Activities

Training Methods and Activities	Were They Implemented?		Difficulties Experienced in Implementation (if any)	Suggested Actions
	Yes	No		

2. Assessment Methods

Planned Assessment Methods	Were They Implemented?		Difficulties Experienced in Implementation (if any)	Suggested Actions
	Yes	No		

3. Differences in Evaluation

If the field teaching staff and the program faculty and teaching staff share responsibility for student assessment, what process is followed for resolving differences?

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4. Verification of Credibility of Students' Results

Method(s) of Verification	Conclusions

5. Recommendations

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C. Student Results

1. Distribution of Grades

	Grades									Status Distributions					
	A+	A	B+	B	C+	C	D+	D	F	Denied Entry	In Progress	Incomplete	Pass	Fail	Withdrawn
Number of Students															
Percentage															

2. Comment on Student Results
(including special factors (if any) affecting the results)

3. Recommendations

D. Field Experience Learning Outcomes

1. Learning Outcomes Assessment Results

	learning Outcomes (CLOs)	PLOs Code	Assessment Methods	Assessment Results		Comment on Assessment Results
				Target Level/ Criterion for Success	Actual Level	
1	Knowledge and Understanding					
1.1						
1.2						
1.3						
1...						
2	Skills:					
2.1						
2.2						
2.3						
2...						
3	Values:					
3.1						
3.2						
3.3						
3...						

2. Recommendations

E. Field Experience Quality Evaluation

1. Students Evaluation of the Quality of Field Experience

Date of Survey:	Number of Participants:	Percentage of Participation:	Evaluation Result:
Students Feedback		Course Coordinator/Instructor Comments/Response	
Strengths: • • •			
Areas for improvement: • •			
Suggestions for Improvement: • • •			

2. Supervisory Staff

(Including Field Supervisors, Supervising Teaching Staff)

Evaluation method:	Date:	Number of Participants:
Supervisory Staff Feedback		Course Coordinator/Instructor Comments/Response
Strengths: • • •		
Areas for improvement: • •		
Suggestions for Improvement: • • •		

* Add separate table for each evaluation

3. Other Evaluations

Ex. Evaluation by program administrators, peer reviewers, independent reviewers, program advisory committee, Others (specify)

Evaluation method:	Date:
Evaluator(s) Comments	Course Coordinator/Instructor Comments/Response
Strengths: • •	
Areas for improvement: • •	
Suggestions for Improvement: • •	

* Add separate table for each evaluation

4. Recommendations:

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F. Difficulties and Challenges

Difficulties and Challenges	Consequences	Actions Taken
Administrative Issues*		
Supervision **		
Students		

* Include administrative Issues, implementation times (Duration) and locations, learning resources, facilities and equipment, etc.

** Include field supervisors from inside and outside the program

G. Field Experience Improvement Plan

1. Field Experience Improvement Actions

Recommended Actions	Actions Taken	Results	Comments
1.1 Previous Report Recommendations			
2.2 Other Improvement Actions*			

* The developmental measures taken during Training and not included in the development plan of it.

2. Action Plan for Next Semester/Year

Recommendations	Actions	Responsibility For Implementation	Time		Needed Support
			Start	End	
1.					
2.					
3.					