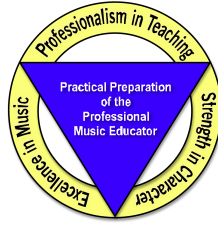


VanderCook College of Music Pre-Clinical Experience Form Level 1



This observation is in partial fulfillment of the requirements for the Bachelor of Music Education degree program.

DATE: _____ / _____ / _____ STUDENT NAME: _____

SCHOOL: _____ Teacher(s) Observed: _____

Class/Activity Observed: _____ Length of Experience: _____ Hrs _____ Mins

SUBMIT ONE FORM FOR EACH CLASS/ACTIVITY for which you are reporting.

COMPLETE BOTH SIDES OF THIS FORM AND SUBMIT WITHIN 14 DAYS OF OBSERVATION DATE.

OBSERVATION	COMMENTS
What class (activity) did you experience: Band, Choral, General, Orchestra, other	
What was the average age of the participants?	
How many students are in the class? Participated in the activity?	
Describe ethnic composition: Asian, Black, Hispanic, White non-Hispanic, racially mixed	
Describe location: Urban, Suburban, Rural	
What was the experience type: Observation Tutoring (One to one contact) Non-Instructional Assistance Simulation Lab Experience Professional Meeting Community Service/Volunteer Other (explain)	
What was the objective to the lesson? (Purpose of the activity)	



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<p>What was the style of the classroom instruction? (Lecture, Q & A, other)</p>	
<p>How did the teacher handle classroom management? (Student discipline, reinforcement, pacing)</p>	
<p>What was the classroom atmosphere? (Consider neatness, clutter, bulletin boards, and chalkboards)</p>	
<p>How did the teacher assess the students' work?</p>	
<p>Other comments related to your thoughts while observing, how this agrees (disagrees) with what you have been taught in various courses at VanderCook. Identify courses that directly related to this observation.</p>	

ATTACH additional pages for comments if necessary.

Student's Signature: _____ **DATE:** ____/____/____

Cooperating Teacher's Signature: _____ **DATE:** ____/____/____

STUDENT: DO NOT COMPLETE BELOW THIS LINE

Experience: ____ approved ____ incomplete documentation ____ not accepted

VanderCook College of Music Instructor: _____ **DATE:** ____/____/____

Time Approved: _____ Hrs **Recorded:** _____ **DATE:** ____/____/____