Department of Music Education - Documentation of Work Experience

Student's Name: _________________________________________

I wish to have access to this report; it will not be confidential and will be incorporated into my Teacher Education file in the Music Education Department.

Name (please print) ____________________ Signature __________ Date __________

I waive my rights of access to this report and request that it be incorporated into my Teacher Education file in the Music Education Department.

Name (please print) ____________________ Signature __________ Date __________

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To be completed by Supervisor

Work experience with groups of children and young people is considered essential as part of the professional education of prospective teachers. We ask you to indicate the kinds of experience the applicant has had, the length of time involved, and the degree of success attained. Any additional comments will be appreciated.

Dates of experience: __________________________to __________________________

Frequency and length of each visit: _____________________________________

What were the ages and characteristics of the individuals in the group? ________________

________________________________________________________________________

How many individuals were in the group? ________________________________

In what kind of activities was the applicant involved? ____________________________

________________________________________________________________________

Approximately how many hours of actual work with young people were included during this experience? ____________________________

How successful was the applicant in working with young people? ____________________________

________________________________________________________________________

Please use the reverse side of this form for additional comments that may be helpful to the Teacher Education Committee.

Signature ____________________ Position ____________________

Institution/Agency ____________________ Date of Report ____________________

Address ____________________ City/State/Zip ____________________

Please return completed form to: Music Education Office, School of Music, Theatre & Dance, University of Michigan, 2005 Baits Drive, Ann Arbor MI 48109-2085