## **CLINICAL FIELD EXPERIENCE VERIFICATION FORM**

| CANDIDATE NAME                                       | STUDENT<br>NUMBER | 20647276 |
|--|-------------------|----------|
|  |                   |          |
| PROGRAM: Bachelor of Science in Elementary Education |                   |          |
| COURSE: ELM-250                                      |                   |          |
| START DATE:END DATE:_                                |                   |          |
| PRACTICUM/FIELD EXPERIENCE FACILITY NAME: Grand Cany | on University     |          |
| SCHOOL STATE: AZ                                     |                   |          |
| MENTOR NAME: Dr. Rachel Keller                       |                   |          |
|  |                   |          |
|  |                   |          |
| TOTAL PRACTICUM/FIELD EXPERIENCE HOURS REQUIRED:     | 5.00              |          |
| TOTAL PRACTICUM/FIELD EXPERIENCE HOURS COMPLETED:    | 5                 |          |