SCHOOL OF
MUSIC, THEATRE & DANCE
UNIVERSITY OF MICHIGAN

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

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