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, 1100 Baits Drive, Ann Arbor MI 48109-2085