

INTERVIEW VERIFICATION
PRE-TEACHER CANDIDACY CLINICAL EXPERIENCE

INT #1

Student Name: _____
last first middle

EDU Course No.: _____ Course Title: _____

Date of Interview: _____ Date Report Completed: _____
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(report on the interview should be completed one week after the interview)

Educational position interviewed: _____

Name of person being interviewed: _____

School: _____ District: _____

signature of person interviewed

signature of student interviewer

signature of EDU Professor date

hours credited director initials

DIRECTIONS: Complete one form for each interview requirement. No interview may count for two requirements. Summarize the contents of the interview and write a reflection on that information obtained. Submit this summarization/reflection in a TYPED format on the back of this sheet or on an attached sheet. (It is recommended that you copy this form and your response for your own files before you submit this to your EDU professor.)