



CENTER FOR CLINICAL EXPERIENCES

Site Visitation Form

Teacher Candidate: _____ Date: _____

Cooperating Teacher: _____

Building: _____ District: _____

Building Information:

Number of students _____ Number of faculty and staff _____

Number of Administrators _____ Number of Counselors/Social Workers _____

Grade levels of this building _____ Average class size _____

Opening bell _____ Closing bell _____

What are the student demographics of this building? (Free and Reduced Lunch, Race/Ethnicity, ELLs, Special Education, etc.) _____

Is there a school wide behavior support/discipline program? _____

Describe: _____

Is there a student handbook available online I can access? _____

Staff Information:

What time do teachers report to school? _____ What time do teachers leave school? _____

What is the dress code for staff?

In addition to their teaching, what other responsibilities do teachers have? (Bus or recess duty, playground supervision, field trips, clubs, before/after school supervision, etc.)

Is there a staff handbook available online I can access? _____

Does your classroom have a web site? _____ Address: _____

Community Information:

What is the nature of the community in which your school is located?

What special services does your school provide to the community?

In what way is your school different than other schools in the area?