**Field Data Collection Form**

Office of Field Services

**Intercession: Data Collection**

**Complete form and email to**: a.e.price@csuohio.edu

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| **Intern Name:**  | **CSU ID:**  | **Date:**  |
| **Supervisor Name:** | **Mentor Name:** | **School/District:**  |
| **Select Term:** Fall [ ]  Spring [ ] **Enter Year:** | **Select Experience:** Practicum [ ]  IT1 [ ]  AT1 [ ]  Student teaching [ ]  IT2 [ ]  AT2 [ ]  | **Petition**: Did you submit a petition for this experience?Yes [ ]  No [ ]  |
| **Select Licensure area:** Early [ ]  Middle [ ]  Secondary [ ]  SPED [ ]  Other:       |

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| **Concern(s)** |
| **Initiated by?** Intern [ ]  Supervisor [ ] Mentor/School [ ]  Office of Field Services [ ]  |
| **Brief explanation of concern(s):**       |

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| **Timeline****Provide date and action below** |
| **Self-Assessment Completed (Form on Website): Yes** **[ ]  No** **[ ]**  |
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