P-12 MUSIC EDUCATION OBSERVATION FORM (General)
Troy University
150 Hours (75 hours in content area; 90 hours in 3-hour increments)
Total Number of Observation Hours=_____
Total Number of Clinical Teaching Hours=_____
Note: All of the following must be thoroughly, officially and authentically evidenced in P-12 settings and/or P-12 populations. Check type of experience below:

___ P-12 Classroom
___ Lab Activities
___ Job Shadowing
___ Parent/Teacher Conference (observe)
___ University sponsored activities for the K-12 population
___ Tutoring (Extended Day, Housing Authority, Public Library)
___ After School Programs
___ Student Club Meetings (non-social)
___ Formal Interviews with Administrator/Faculty
___ In-service Meeting
___ Faculty Meeting
___ System board meeting
___ PTO Meeting
___ Pep rally-assist with or as part of an official visit
___ Other student assembly assist with or as part of an official visit
___ Lunch duty assist with or as part of an official visit
___ Athletic team practice and competition, as part of an official visit
___ Bus duty/pick-up duty-assist with or as part of an official visit
___ Substitute teaching (with administrator’s oversight)
___ IEP meeting (if allowed)
___ Free play during recess activities
___ Mentoring (through Big Brothers/Big Sisters or other organizations)
___ Daycare/Headstart
___ Camps, VBS, Special need camps, University sponsored activities for special needs populations
___ YMCA/Boys and Girls clubs
___ Art/Music/Sports Classes (such as Troy School of Dance and the Arts)
___ Upward Bound
___ Scouts
___ Hospital-sponsored K-12 initiatives
___ City Parks and Recreation sponsored K-12 oriented programs
___ Kids at Kollege Summer program
___ Library Summer Reading Program
___ Academic team practice and competition, as part of official visit

Reflect on the criteria listed below, noting both what you observed and your reaction, comments, or opinions on what you observed. Attach additional pages as needed or use back of this form.

Learning objectives:

Strategies used to reach objectives (note any use of technology):

Student/Teacher/Other behaviors observed (note any specific diversity or exceptionality observed):

Contributing classroom environment:

Name:________________________ Teacher Signature:____________________________
Date:________________________ Time:_______ to ________
School:________________________
Classroom Type (Please Check One): Special Education_____; Preschool_____; Elementary_____; Middle School_____; High School
Check one: Observation_____; Observe/Assist_____; Team Teach_____; Teach Solo_____

___ P-12 Classroom
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___ Job Shadowing
___ Parent/Teacher Conference (observe)
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TEACHING FIELD EXPERIENCES (Music Education)
Specific Types of Music Clinical Hour Experiences
ALL OF THESE EXPERIENCES MUST BE WITH P-12 STUDENTS
150 Hours (75 hours in content area; 90 hours in 3-hour increments)

- Clinical experiences that are built-in to method courses—initiated, approved and supervised
- Band day events (assist with)
- On-campus workshops with off-campus field experts
- Conferences (state, regional, national)
- Musical/Theatrical rehearsals where P-12 children are involved
- Band, choral and keyboard camps, including summer music camps
- Music Programs for/with P-12 students
- Church music responsibilities that involve teaching/directing children/youth
- Private studio teaching
- Sectional teaching
- Accompanying duties (w/P-12 groups)
- Assisting P-12 teacher during university breaks
- Teaching/assisting musical activities for Head Start, preschools, etc.
- Kidermusik classes
- Week long Start of School (SOS), May or December experience (40 hours)
- Other (as approved by instructor)

Other

Reflect on the criteria listed below noting both what you observed and your reaction, comments, or opinions on what you observed. Attach additional pages as needed or use back of this form.

Learning objectives:

Strategies used to reach objectives (note any use of technology):

Student/Teacher/Other behaviors observed (note any specific diversity or exceptionality observed):

Contributing classroom environment:

Name: ____________________  Teacher Signature: ____________________
Date: ________________  Time: ________ to ________
School: ____________________
Classroom Type (please check one): Special Education ; Preschool ;
Elementary ; Middle School ; High School
Check One: Observation ; Observe/Assist ; Team Teach ; Teach Solo