

Field Work Verification Form

Date _____

**University of Rhode Island
Department of Kinesiology**

To: Office of Teacher Certification
Rhode Island Department of Education

From: Department of Kinesiology
University of Rhode Island

Re: Endorsement in Adapted Physical Education
This document certifies that:

(Print name of applicant)

(Signature of applicant)

Street address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____

EDC 486/487: _____ (Minimum of 10 hours)
Semester completed

Please indicate on the spaces provided below information of practicum experience with school age children (3-21 years) in a physical activity setting.

(Name, Address, Telephone of Field Setting)

Please indicate on the space provided below additional information requested in reference to the setting supervisor.

(Title & Name of Field Setting Supervisor and Telephone Number)

KIN 410: _____ (10 hours) KIN 585: _____ (15 hours)
Semester completed Semester completed

KIN 430: _____ (10 hours) Total Hours Completed: _____ (Min. of 45)
Semester completed

PRINT SIGNATURE DATE
Supervisor, Field Setting Supervisor, Field Setting

PRINT SIGNATURE DATE
Director, APE Program Director, APE Program
University of Rhode Island University of Rhode Island

PRINT SIGNATURE DATE
Chair, Kinesiology Chair, Kinesiology
University of Rhode Island University of Rhode Island