SUNY Cortland Physical Education School Visitation Form

Complete one form for each of your placements and submit them to your College Supervisor.

Name: _____________________________ ST Semester: ____________________________

School District and Building: _____________________________________________________

Date and Time of Visit: __________________________________________________________

Names and Titles of Professionals Visited:
CT: ______________________________________  _________________________________

Other: ______________________________________  _________________________________

School Setting: _____ Urban _____ Suburban _____ Rural

List the physical facilities available for PE (gym, play grounds, tennis courts, etc):
___________________________________________________________________________

___________________________________________________________________________

Have students completed a media release form? _____ Yes _____ No

What is the class schedule? (e.g., 50 minutes every day, 90 minutes every other day):
__________________________________________________________

Is there any ability grouping or tracking? _____________________________________________

Are there resources available for the technology assignment (e.g., heart-rate monitors, pedometers, Nintendo Wii, etc.)?

___________________________________________________________________________

Time of the school day: ____________ AM to ____________ PM

Number of classes you will teach: boys: _______ girls: _______ coed: _______

Non-teaching responsibilities: __________________________________________________________

Where is the school nurse's office and what is the procedure for injuries?

___________________________________________________________________________

___________________________________________________________________________

Comments:

The above information has been discussed with my cooperating teacher and/or principal.

Student teacher’s signature: __________________________________ Date: ________________

Cooperating teacher’s signature: ____________________________ Date: ________________