

# Sulphur Springs ISD

## Early Field Experience Observation (EFE)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

University/College: \_\_\_\_\_

Hours needed: \_\_\_\_\_ Grade level: \_\_\_\_\_

Subject: \_\_\_\_\_

Campus requested: \_\_\_\_\_

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**For District Use Only:**

Campus Placed: \_\_\_\_\_

Teacher: \_\_\_\_\_

Approved: \_\_\_\_\_