



*Dept. of Health, Physical Education, & Movement Science  
(516) 299-2671; Fax (516) 299-3167*

Spring 2017

Dear Administrator and/or Cooperating Teacher,

\_\_\_\_\_ is presently enrolled at **LIU POST** in Methods course number \_\_\_\_\_ with Professor \_\_\_\_\_. Practical field experience is a requirement in this course, which provides students with pedagogical knowledge of the teaching process. Fieldwork experiences in settings like yours offer students opportunities to see how the theories, techniques, and strategies they're acquiring in their coursework are applied to actual teaching in K-12 school settings.

You are performing an invaluable service to the field. Contributions to the growth and development of the next generation of educators will always result in a more prepared group of professionals. This benefits us all: children, schools, faculty, and, of course, the future educator and overall profession.

If you agree to allow the student to observe in your district/classroom for \_\_\_\_\_ hours, please complete the form below and return it to the student. Please retain a copy of this form for your files. Our student will have a valid picture ID from the University and an observation record that must be signed for each lesson observed.

Should you require any additional information or have any questions about the student's course requirements, please feel free to contact the professor listed above.

We appreciate your cooperation in sharing your knowledge and insights about your students and the educational process. Thank you for your help.

Sincerely,

*Dr. Nana Koch*  
Chairperson

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*Please check appropriate boxes:*

Our student, \_\_\_\_\_, will be observing classes in:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Physical Education (PE)</b> | <input type="checkbox"/> <b>Health Education (HE)</b> |
| <input type="checkbox"/> Elementary K-5 (6)             | <input type="checkbox"/> Elementary K-5 (6)           |
| <input type="checkbox"/> Middle School (6) 7-8          | <input type="checkbox"/> Middle School (6) 7-8        |
| <input type="checkbox"/> High School 9-12               | <input type="checkbox"/> High School 9-12             |

School District \_\_\_\_\_

School Name & Address \_\_\_\_\_

Teacher's Name (please print) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Teacher's Telephone # \_\_\_\_\_ Teacher's E-mail Address \_\_\_\_\_