



Teaching Performance Center
 Kean University - College of Education
 Willis Hall – Room 110 - Union, NJ 07083
 Phone: 908-737-4185/Fax: 908-737-4115
 Email: tpc@kean.edu

Semester _____ Year _____

Preprofessional _____

Professional _____

FIELD EXPERIENCE EMERGENCY INFORMATION

This Emergency Information Form **MUST** be completed and distributed to the appropriate parties in order to be eligible to begin your field experience.

- Directions:
1. One copy of this form must be given to the principal of each school where a field experience is being performed.
 2. Two copies of this form must be given to your university supervisor. The supervisor will retain one copy and forward the other to the Teaching Performance Center.

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

University Supervisor: _____ Phone: _____

List the name and phone numbers of three (3) people who can be contacted in case of emergency

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Student Signature: _____ Date: _____

**Please Complete This Form And Return The Original To Your Supervisor
By The End Of The First Week Of Your Field Experience**