



AMMENDMENT 8.

Kingdom of Saudi Arabia

The National Commission for Academic Accreditation & Assessment

T7. Field Experience REPORT

To be completed by the faculty or teaching staff member at the end of each field experience.



Field Experience Report

Field Experience encompasses fieldwork, professional or clinical placements, internships and other forms of placement learning and applied learning that are part of the formal curriculum within the educational program. For direction on the completion of this template, refer NCAAA guidebooks.

| | |
|-------------|----------------|
| Institution | Date of Report |
| College | Department |
| Program | Track |

A. Field Experience Course Identification and General Information

| | | | |
|---|---|------------------------|--|
| 1. Field experience course title and code | | | |
| 2. Credit hours (if any) | | | |
| 3. Name and title of faculty or teaching staff member responsible for the field experience. | | | |
| 4. Dates and times allocation of field experience activities. | | | |
| a. Dates: _____ | | | |
| b. Times: _____ | | | |
| 5. Level or year of the field experience. | | | |
| 6. List names, addresses, and contact information for all field experience locations. | | | |
| | Name and Address of the Organization | Name of Contact Person | Contact Information (email address or mobile) |
| a. | | | |
| b. | | | |
| c. | | | |



| | | | |
|----|--|--|--|
| | | | |
| d. | | | |

B. Field Experience Modifications or Adaptations from Planned Field Experience Specifications

| | Reason for Modification | Action Taken | Responsibility | Implications for Future |
|-----------------------------------|-------------------------|--------------|----------------|-------------------------|
| Student Enrollment | | | | |
| Field Teaching Staff | | | | |
| Program Faculty or Teaching Staff | | | | |
| Organizational Arrangements | | | | |
| Required Activities | | | | |
| Student Guidance and Support | | | | |
| Learning Outcomes | | | | |
| Other | | | | |

C. Results

| | |
|---|---|
| 1. Number of students starting field experience: <input type="text"/> | Student completing <input type="text"/> |
|---|---|



2. Distribution of Grades

| Letter Grade | Number of Students | Student Percentage | Analysis of Distribution of Grades |
|--------------|--------------------|--------------------|------------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| F | | | |
| Denied Entry | | | |
| In Progress | | | |
| Incomplete | | | |
| Pass | | | |
| Fail | | | |
| Withdrawn | | | |

2. Analyze special factors (if any) affecting the results

D Administrative Issues

| | |
|---|---|
| 1. Organizational or administrative difficulties encountered (if any) | 2. Consequences of any difficulties experienced for student learning in the field experience. |
|---|---|



E Evaluation of Field Experience Activity

| |
|---|
| 1. Student evaluation of the field experience (Attach summary of survey results). |
| a. List the most important recommendations for improvement and strengths |
| b. Response of instructor and field staff to this evaluation |
| 2. Other Evaluation (e.g. by head of department, peer observations, accreditation review, other stakeholders) |
| a. List the most important recommendations for improvement and strengths |
| b. Response of instructor and field staff to this evaluation |

G Planning for Improvement

| 1. Progress on actions proposed for improving the field experience in previous field experience reports (if any). | | | |
|---|---------------|----------------|-----------------|
| Actions recommended from the most recent field experience report(s) | Actions Taken | Action Results | Action Analysis |
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

| |
|---|
| 2. List what additional actions have been taken to improve the field experience (based on previous experience, reports, surveys, independent opinion, or evaluation). |
|---|

| 3. Action Plan for Next Semester/Year | | | | |
|---|---|------------|-----------------|--------------------|
| Actions Recommended for Further Improvement | Intended Action Points (should be measurable) | Start Date | Completion Date | Person Responsible |
| a. | | | | |
| b. | | | | |
| c. | | | | |



| | | | | |
|----|--|--|--|--|
| d. | | | | |
| e. | | | | |

Name of Instructor: _____

Signature: _____ Date Report Completed: _____

Name of Field Experience Teaching Staff _____

Program Coordinator: _____

Signature: _____ Date Received: _____