|  |
| --- |
| Course Title: Type here |
| Course Code: Type here  |
| Department: Type here |
| Program: Type here |
| College: Type here |
| Institution: Type here |
| Academic Year: Type here | Semester: Type here |
| Course Instructor: Type here | Field Supervisor: Type here |
| Field Experience location : Type here |
| Number of Section/groups (s): Type here  |
| Number of Students (Starting the Course): Type here  |
| Number of Students (Completed the Course): Type here |
| Report Date: Type here  |

Contents

[**A. Student Results** 3](#_Toc135917435)

[**B. Field Experience Learning Outcomes** 3](#_Toc135917436)

[**C. Difficulties and Challenges** 4](#_Toc135917437)

[**D. Field Experience Improvement Plan** 4](#_Toc135917438)

[**E. Report Approval** 4](#_Toc135917439)

# **A. Student Results**

**1. Grade Distribution**

|  | **Grades** | **Status Distributions** |
| --- | --- | --- |
| **A+** | **A** | **B+** | **B** | **C+** | **C** | **D+** | **D** | **F** | **Denied Entry** | **In Progress** | **Incomplete** | **Pass** | **Fail** | **Withdrawn** |
| **Number of Students** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Percentage** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2. Comment on Student Grades**

Including special factors (if any) affecting the results.

|  |
| --- |
|  |

**3. Recommendations**

|  |
| --- |
|  |

# **B. Field Experience Learning Outcomes**

**1. Course Learning Outcomes Assessment Results**

| **Course Learning Outcomes****(CLOs)** | **Related PLOs Code** | **Assessment Methods** | **Assessment Results** | **Comment on****Assessment Results** |
| --- | --- | --- | --- | --- |
| **Targeted Level** | **Actual Level** |
| **1** | **Knowledge and Understanding:** |
| 1.1 |  |  |  |  |  |  |
| 1.2 |  |  |  |  |  |  |
| .... |  |  |  |  |  |  |
| **2** | **Skills:** |
| 2.1 |  |  |  |  |  |  |
| 2.2 |  |  |  |  |  |  |
| .... |  |  |  |  |  |  |
| **3** | **Values, autonomy, and responsibility** |
| 3.1 |  |  |  |  |  |  |
| 3.2 |  |  |  |  |  |  |
| .... |  |  |  |  |  |  |

**2. Recommendations**

|  |
| --- |
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# **C. Difficulties and Challenges**

| **Difficulties and Challenges** | **Consequences**  | **Actions Taken** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **D. Field Experience Improvement Plan**

|  |  |  |
| --- | --- | --- |
| **Recommendations** | **Actions** | **Needed Support** |
|
| 1.
 |  |  |
| 1.
 |  |  |
| 1.
 |  |  |

\* The plan/measures should be discussed in the Department Council and included in the Annual Program development plan with responsibility identified and implementation scheduled.

# **E.** **Report Approval**

|  |  |
| --- | --- |
| **Council / Committee** |  |
| **Reference No.** |  |
| **Date** |  |