|  |
| --- |
| Course Title:  *Enter Course Title*. |
| Course Code:  *Enter Course Code*. |
| Program: *Enter Program Name.* |
| Department: *Enter Department Name* . |
| College:  *Enter College Name*. |
| Institution: *Enter Institution Name.* |
| Field Experience Version Number:  *Course Specification Version Number* |
| Last Revision Date: *Pick Revision Date.* |

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# **A. Field Experience Details:**

|  |  |  |
| --- | --- | --- |
| 1. Credit hours: (……………….). | | |
|  | | |
| 2. Level/year at which Field Experience is offered: (……………….). | | |
|  | | |
| 3. Time allocated for Field Experience activities | | |
| ( ...... ) Weeks | ( ...... ) Days | ( ...... ) Hours |
| 4. Corequisite (or prerequisites if any) to join Field Experience | | |
|  | | |
| 5. Mode of delivery | | |
| In-person/onsite | hybrid (onsite/online) | Online |

# **B.** **Field Experience Course Learning Outcomes (CLOs), Training Activities and Assessment Methods**

| **Code** | **Learning Outcomes** | **Aligned PLO Code** | **Training Activities** | **Assessment Methods** | **Assessment Responsibility** |
| --- | --- | --- | --- | --- | --- |
| **1.0** | **Knowledge and understanding** | | | | |
| 1.1 |  |  |  |  |  |
| 1.2 |  |  |  |  |  |
| … |  |  |  |  |  |
| **2.0** | **Skills** | | | | |
| 2.1 |  |  |  |  |  |
| 2.2 |  |  |  |  |  |
| … |  |  |  |  |  |
| **3.0** | **Values, autonomy, and responsibility** | | | | |
| 3.1 |  |  |  |  |  |
| 3.2 |  |  |  |  |  |
| ... |  |  |  |  |  |

\*Assessment methods (i.e., practical test, field report, oral test, presentation, group project, essay, etc.).

# **C. Field Experience Administration**

**1. Field Experience Flowchart for Responsibility**

Including units, departments, and committees responsible for field experience identifying by the interrelations.

|  |
| --- |
|  |

**2. Distribution of Responsibilities for Field Experience Activities**

| **Activities** | **Department or College** | **Teaching Staff** | **Student** | **Training**  **Organization** | **Field**  **Supervisor** |
| --- | --- | --- | --- | --- | --- |
| Selection of a field experience site |  |  |  |  |  |
| Selection of supervisory staff |  |  |  |  |  |
| Provision of the required equipment |  |  |  |  |  |
| Provision of learning resources |  |  |  |  |  |
| Ensuring the safety of the site |  |  |  |  |  |
| Commuting to and from the field experience site |  |  |  |  |  |
| Provision of support and guidance |  |  |  |  |  |
| Implementation of training activities  (duties, reports, projects ...) |  |  |  |  |  |
| Follow up on student training activities |  |  |  |  |  |
| Monitoring attendance and leave |  |  |  |  |  |
| Assessment of learning outcomes |  |  |  |  |  |
| Evaluating the quality of field experience |  |  |  |  |  |
| Others (specify) |  |  |  |  |  |

**3. Field Experience Location Requirements**

| **Suggested Field Experience Locations** | **General Requirements\*** | **Special Requirements\*\*** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*E.g. provides information technology, equipment, laboratories, halls, housing, learning sources, clinics … etc.

\*\* E.g. Criteria of the institution offering the training or those related to the specialization, such as safety standards, dealing with patients in medical specialties … etc.

**4. Decision-Making Procedures for Identifying Appropriate Locations for Field Experience**

|  |
| --- |
|  |

**5. Safety and Risk Management**

|  |  |  |
| --- | --- | --- |
| **Potential Risks** | **Safety Actions** | **Risk Management Procedures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **D. Training Quality Evaluation**

| **Evaluation**  **Areas/Issues** | **Evaluators** | **Evaluation Methods** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Evaluation areas** (e.g., Effectiveness of Training and assessment, Extent of achievement of course learning outcomes, Quality of learning resources, etc.)

**Evaluators** (Students, Supervisory Staff, Program Leaders, Peer Reviewer, Others (specify)

**Assessment Methods** (Direct, Indirect)

# **E. Specification Approval Data**

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