• Enter hours on a **weekly basis**. Do not include absences, holidays, or school closures in the weekly practicum hours.

• **Hours in Practicum** is defined as the number of hours at the practicum site under the direct supervision of the Supervising Practitioner (not to exceed the regular contracted hours of the teacher).

• **Hours in Full Responsibility** is defined as times when the candidate assumes full control of all classroom duties regularly fulfilled by the supervising practitioner and oversees responsibilities related to the education of all students on the classroom roster. This includes teaching lessons or activities that involve the candidates' development, implementation, assessment and follow-up including classroom set up and management of transitions and behaviors.

• **Hours in Teaching with Support** is when the Candidate team teaches with the supervising practitioner or uses lesson plans and materials supplied by supervising practitioner.

**EDUCATION UNIT**

**DOCUMENTATION OF PRACTICUM HOURS**

• Students completing a **15-16 week** station must complete a minimum of 100 hours in full responsibility with a minimum two weeks in full responsibility (30 continuous hours each week). *Secondary Education candidates have specific program requirements and must consult with their program supervisor.*

• Students completing two **8-week stations** must complete a combined minimum of 100 hours in full responsibility with a minimum of 30 continuous hours (one full week) in full responsibility completed at each station.

• Undergraduate Moderate Disabilities with Elementary Licensure candidates must fulfill 100 hours of full responsibility for the Moderate Disabilities license through the combination of the IPP and Practicum experiences. The Elementary license requires 50 hours of full responsibility that must be met in Elementary Practicum.

• This form must accompany the practicum documents. **Total hours should be transferred to the CAP cover page.**

*\*Inclusion Classroom Definition: A classroom that serves both students with and without disabilities. The students with disabilities must be receiving some of their Individualized Education Program services in the classroom setting.*

 Candidate Name: Student ID: @

School Name: City/Town:

Grade Level/Subject: Semester and Year:

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| Week ending | Hours Observing and/or assisting | Hours Teaching with Support | Hours in FullResponsibility | Total hours inpracticum | SP Initials |
| Inclusion Hours\* | Non-Inclusion Hours |
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| Total Hours |  |  |  |  |

Candidate Signature: Date:

Supervising Practitioner Signature: Date:

University Supervisor Signature: Date: