

Form functionality most compatible using Adobe Acrobat 9 and newer.

Student Name: _____ Semester Taken: _____

Student ID Number (required): @ _____ Major/Field: _____

Student Address

Street Address _____ City / Town _____ State _____ Zip Code _____

Pre-practicum course number & title: _____

Grade Level(s): _____ Transfer Credits: _____

List of pre-practicum activities/responsibilities:

Initial contact (meeting, email, etc.) at which expectations for the pre-practicum and the associated paperwork were discussed.

Date: _____ Teacher Candidate: _____ Supervising Practitioner: _____

Midpoint contact held midway through the pre-practicum at which the pre-practicum experience was discussed.

Date: _____ Teacher Candidate: _____ Supervising Practitioner: _____

Final meeting held to complete evaluation/reflection of the pre-practicum experience and associated paper work.

Date: _____ Teacher Candidate: _____ Supervising Practitioner: _____

Special considerations:

The above student has completed a pre-practicum which has been designated by the University as a field-based experience related to the role of the major/field mentioned above.

Signature—Course Professor/Instructor: _____ Date: _____

Signature—Classroom Supervising Practitioner _____ Date: _____

Pre-Practicum Site & Supervisor Information

Classroom Supervising Practitioner First & Last Name: _____

School where the Pre-practicum takes place: _____

School Site Full Address: _____
street city state zip code

Contact Phone: _____ Contact E-mail: _____