Pre-practicum Report

Student name: __________________________________________ Semi-ster taken: ______________________

Student ID (required): @ ____________________________ Major/Field: ____________________________

Student address: ________________________________________________________________

street city state zip code

Pre-practicum course number and title: ________________________________________________

Grade level(s): ____________________________ Clock hours: ____________________________

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: ________________

Classroom Supervising Practitioner

PLEASE PRINT the information requested below.

Classroom Supervising Practitioner (Please print first and last name): ______________________________

Pre-practicum school site (school name): ________________________________________________

Pre-practicum school site address: ______________________________________________________

street city state zip code

Contact phone number: ____________________________ E-mail: ____________________________