

Student name: _____ Semester 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: _____