



THE GRADUATE SCHOOL

www.salemstate.edu/graduate

352 Lafayette Street, Salem, MA 01970-5353

978.542.6323

email: graduate@salemstate.edu

Pre-Practicum Verification Form Teachers of Students with Moderate Disabilities – Initial License Program

Name _____

Address _____

City/State/Zip _____

**Course for which this pre-practicum of 15 hours has been completed:
(Circle One): EDG 790, EDS 891, EDS 990Y, EDU 801, EDS 829, EDS 890.**

Please refer to the attached questions and rubric that you are to complete to partially fulfill your requirements towards licensure as a Teacher of Students with Moderate Disabilities.

For each setting and disability, you must obtain the signature of a teacher licensed in the field of moderate disabilities:

Print Your Name and Sign Please:

Licensed Teacher Print _____

Licensed Teacher Signature _____

Setting: _____ Disability: _____

Licensed Teacher Print _____

Licensed Teacher Signature _____

Setting: _____ Disability: _____

Licensed Teacher Print _____

Licensed Teacher Signature _____

Setting: _____ Disability: _____

Print Name and Sign (Candidate):

Print Name and Sign (College Instructor):
