

Salem State College

Teacher of Students with Moderate Disabilities – Initial License Program

PRE-PRACTICUM VERIFICATION FORM

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)

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