

PRE-PRACTICUM DOCUMENTATION

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Program: _____

Salem State College Course Title (Check one)

_____ EDU
(25 Pre-practicum hours)

_____ EDU
(25 Pre-practicum hours)

_____ EDU
(25 Pre-practicum hours)

Level of the Experience (Check one)

_____ Grades Pk-9 _____ Grades 5-12 _____ Other

School/Site: _____

Town: _____

The above named student has completed 25 hours of pre-practicum experiences by doing the following:

The graduate student will follow a prescribed list of instructional activities, observations, discussions, presentations and readings related to the area of reading and writing instruction and diagnosis as indicated in the syllabus for the individual course.

Signature of the Cooperating Practitioner (where appropriate) Date

Signature of the Student Date

Signature of the College Professor Date

Please note: Documentation of pre-practicum experiences is a requirement for teacher licensing. Completed forms should be returned to the college Professor to be forwarded to the Graduate School Office for inclusion in student files. Students are encouraged to make a copy to keep in their personal records.