Salem STATE | COLLEGE

Practicum Verification Form

Student Teacher Information

Last First MI

Student ID Birthdate

Cooperating Practitioner and Practicum Site Information

Last First MI

MA License #: Years of Experience:

Do you hold a professional license or an initial license with three years teaching experience?

If no, are you exempt?

Practicum Site:

Site Address:

City, State, Zip:

Principal/Director:

College Supervisor: