

SCED 517: Practicum End of Year Checklist

Student Name: _____ **ID #:** _____

Instructor Name: _____

Academic Year: _____

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Practicum Final Evaluation by Instructor

This form is signed by both you and your L&C Instructor

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Practicum Intern Evaluation by Mentor & Intern

This form is signed by both you and your Site Mentor

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Weekly Practicum Hour Logs for Both Semesters

These forms are signed by you, your Site Mentor, & your L&C Instructor

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Fall Semester Weekly Practicum Log

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Spring Semester Weekly Practicum Log

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This sheet should be attached to the front of your paperwork packet.