

Practicum and Internship Information:

Practicum:

Semester and year completed: _____

School and district: _____

Clock hours completed: _____

Grade level: _____

Practicum supervisor: _____

Internship:

Semester and Year completed: _____

Elementary school and district: _____

UI Internship supervisor: _____

UI Internship supervisor signature: _____ **Date:** _____

Secondary school and district: _____

UI Internship supervisor: (if different from above) _____

UI Internship supervisor signature: _____ **Date:** _____

TOTAL CLOCK HOURS COMPLETED: _____

Adviser signature: _____ **Date:** _____

Student signature: _____ **Date:** _____