

PRACTICUM APPLICATION

PRACTICUM ELIGIBILITY FORM

NAME _____ DATE _____

SED ADVISOR _____ PRIMARY MAJOR ADVISOR _____

I must complete the following courses to fulfill the requirements of all academic programs

<u>School of Education</u>	<u>Core</u>	<u>Primary Major (Secondary)</u>

SCHOOL OF EDUCATION ADVISOR

With the successful completion of the courses listed above, I certify that
_____ will be eligible to Student Teach by _____.
(Student's Name) (Date)

Advisor's Signature Date

MAJOR ADVISOR

With the successful completion of the courses listed above, I certify that
_____ will be eligible to Student Teach by _____.
(Student's Name) (Date)

Advisor's Signature Date

****Note: Advancement to Practicum is contingent upon successful completion of Level II courses and portfolio.***

I certify that I have met all of the Practicum criteria:

- ☐ Full acceptance into the School of Education
- ☐ Prerequisite education course(s)
- ☐ Completed Urban Field Experience Yes ____ No ____
If yes, Date _____ School _____
- ☐ Completed Suburban Field Experience Yes ____ No ____
If yes, Date _____ School _____
- ☐ Official results of TB test
- Fall Practicum students must have test between March 15 – April 15.**
- ☐ Official RI Attorney General Criminal Background Check results (must be submitted with application).

Have you ever been convicted of a felony? ☐ Yes ☐ No

Signature _____ Date _____