

Pre-Practicum Report Form

MHC Course(s) _____ Semester _____ Year _____

In order for the Education Division to have a record of your pre-practicum (CBL) experiences, we ask that you complete this form and return it to Cheryl McGraw, the Administrative Assistant, Room 303A, or place it in her mailbox in the common room (Psych/Ed Bldg.) by the last day of classes. This information will not be included on your college transcript, but it will be recorded on a department database.

If you do not hand in this form, we will not have any record of your participation in this pre-practicum (CBL). Should you later decide to apply to a teacher licensure program you will be responsible for pursuing this information on your own.

1) Name: _____

2) College: MHC Hampshire Amherst UMASS Smith

3) Class of _____

4) **Total number of hours you have participated at the CBL site:** _____

(Please use whole numbers; **do not** give a range or use plus or minus signs, or give hours per week)

5) Name of the school or community-based setting/ program: _____

City/Town: _____

Supervisor's Name: _____

6) Type of Placement:

For school system list: Grade Level _____ Subject Area _____

For community-based setting/program list: Ages of persons served _____