UW-Whitewater College of Education to Offer Accelerated Add-on

Early Childhood (reg. ed./grad. only) Licensure in the Summer 2023

***Practicum Application***

**\*\*This form must be emailed with signatures Due May 31st\*\***

**Please complete and email to:**

Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_

Date Approved \_\_\_\_\_\_\_\_\_

Date Email Sent to Student:\_\_\_\_\_\_\_\_\_\_

Follow up Needed: Y N

If yes, notes on back

*heimerl@uww.edu*

*UW-Whitewater*

*Lucinda Heimer*

*3033 Winther Hall*

*800 West Main Street*

*Whitewater, WI 53190* questions: heimerl@uww.edu

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of the site where the practicum will be completed:

Description of the site and the group of children the student will be working with throughout this practicum, along with specific dates and hours of the practicum:

Name of the director/principal, email address, and phone number:

Name of the (EC licensed) cooperating teacher, email address, and phone number:

Experience/education of the cooperating teacher:

As the cooperating teacher, I understand that I will need to observe the practicum student at least once and send/email the final evaluation to the instructor of the practicum (student will provide me with the name, address, email).

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Cooperating Teacher’s Signature Date

As the principal/director, I approve of this placement and will insure that the student has approval from all families to videotape in the classroom.

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Principal/Director’s Signature Date

I understand that I must sign a copy of the videotaping form and supply families with a copy of the permission form (sent previously). I understand that I can only videorecord minors whose families have signed their approval on this form.

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Practicum Student’s Signature Date

Please write any questions or comments on the back of this form. Thank you.