

Graduate Diploma of Teaching (Primary)

Practicum Overview

Name: _____ Ham Online (Circle one)

ID Number: _____

Email address: _____

Placement

First Base School Placement

School: _____ A.T. _____ Class: _____

Second Base School Placement

School: _____ A.T. _____ Class: _____

Practicum 1

School: _____ Class: _____

Associate Teacher: _____
(Associates please ensure correct name(s) are recorded for payment purposes)

A.T.'s MOE Payroll Number: (*from School's S.U.E Report*) _____

Dates of Practicum: _____ weeks

Pre-Service Teacher Absences: _____

Recommendations: A.T.: _____ Evaluator: _____ (Pass/Fail)

Practicum 2

School: _____ Class: _____

Associate Teacher: _____
(Associates please ensure correct name(s) are recorded for payment purposes)

A.T.'s MOE Payroll Number: (*from School's S.U.E Report*) _____

Dates of Practicum: _____ weeks

Pre-Service Teacher Absences: _____

Recommendations: A.T.: _____ Evaluator: _____ (Pass/Fail)

(please ensure this page is the first page in the folder)

Practicum 3

School: _____ Class: _____

Associate Teacher: _____
(Associates please ensure correct name(s) are recorded for payment purposes)

A.T.'s MOE Payroll Number: (*from School's S.U.E Report*) _____

Dates of Practicum: _____ weeks

Pre-Service Teacher Absences: _____

Recommendations: A.T.: _____ Evaluator: _____ (Pass/Fail)

Extra Practicum 1, 2, 3.

School: _____ Class: _____

Associate Teacher: _____
(Associates please ensure correct name(s) are recorded for payment purposes)

A.T.'s MOE Payroll Number: (*from School's S.U.E Report*) _____

Dates of Practicum: _____ weeks

Pre-Service Teacher Absences: _____

Recommendations: A.T.: _____ Evaluator: _____ (Pass/Fail)

Comments: (For administrative purposes only)