

UNIVERSITY OF MASSACHUSETTS AMHERST -- ELAC
PRACTICUM PLACEMENT CONTRACT



The applicant bearing this placement contract has been reviewed by the program and has program support for formalizing this placement. **Deadline for submission:** For Fall Placement September 1st, for Spring Placement January 20th.

I. CANDIDATE INFORMATION: (Please Print)

I will begin my Practicum/Half Practicum on _____, 20____ and end _____, 20____.

(Please circle appropriate experience)

I agree to be in the building _____ throughout this period, following the regular
(Specify time and days)

school calendar not the University calendar. Course No. _____ Schedule No. _____ Credits _____

Name _____ Spire ID _____ UG G CE
(Please check one)

Local Address _____ Local Telephone _____

Permanent Address _____ Permanent Telephone _____

E-Mail Address _____ Applicant Signature _____

MTEL C&LS Test Passed Yes No **Subject Matter Passed** Yes No

Copies of your MTEL Test Score Report(s) should have been uploaded to your Tk20 account.

II. SUPERVISING PRACTITIONER:

I agree to serve as a supervising practitioner of record for the above-named student.

SITE I : Elementary K-6

I hold certification in _____

Field/Level

Certification Number _____ I do _____ do not _____
hold Professional Status.

Sup. Practitioner's Name _____
(Please Print)

Signature _____ Date _____

Email address _____

SITE II: Secondary 7-12

I hold certification in _____

Field/Level

Certification Number _____ I do _____ do not _____
hold Professional Status.

Sup. Practitioner's Name _____
(Please Print)

Signature _____ Date _____

Email address _____

III. PRINCIPAL or AGENCY HEAD:

I approve the placement of practicum student at:

Site I

Address _____

City _____ State _____ Zip _____

Telephone _____

Principal/Agency Head Name _____

(Please Print)

Signature _____

Date _____

Site II

Address _____

City _____ State _____ Zip _____

Telephone _____

Principal/Agency Head Name _____

(Please Print)

Signature _____

Date _____

IV. UNIVERSITY CERTIFICATION PROGRAM APPROVAL:

This placement is consistent with the Program, University and State Policies and I will assign appropriate supervision.

Program _____ Date _____

Signature of Program Director or Director of Practica