



EC Practicum Activities Form

Name of Student (Second Year Student)

Practicum Dates (First Practicum)

Supervising Teacher (Please Print)

School

Please list below, by week, the main activities in which you were engaged and for which you had responsibility. Use key words, which briefly, but clearly identify these activities. **You must return this completed form to your supervising teacher on the last day of your practicum. Please remind the teacher that this form must accompany the evaluation.**

Week 1

Monday

Tuesday

Wednesday

Thursday

Friday

Week 2

Monday
Tuesday
Wednesday
Thursday
Friday

Week 3

Monday
Tuesday
Wednesday
Thursday
Friday