

Nazareth College Literacy Practicum Attendance Verification Form

Each visit to your assigned placement requires documentation including the date, a brief description of the activities completed, number of hours completed and SBTE/Clinic Supervisor's Signature. When completing the form please remember partial hours should be recorded as decimals: 15 minutes = 0.25 hours, 30 minutes = 0.5 hours, and 45 minutes = 0.75 hours. A sample entry is provided on the activity log. *If your placement is job-embedded, you are still responsible for maintaining documentation by logging specific dates/hours during your workday when you were completing activities related to your coursework and obtaining your administrator's signature once all hours have been completed.*

Please **return this form to your instructor** with the required hours and signatures ***no later than the last day of class***. Keep a **copy** of this completed form for your records.

Teacher Candidate Information:

Term/Year: Fall _____ Spring _____ Summer A _____ Summer B _____

Teacher Candidate Name: _____ ID: _____

Program: _____

Course: _____ Hours Required for Course: _____

Placement Information:

Marie Callahan Reading Clinic

School/Agency (*if school/agency fill out the information below*)

District: _____

Name of School/Agency: _____

School/Agency Address: _____ City _____ Zip Code _____

Classroom Information:

SBTE/Clinic Supervisors name(s) _____

SBTE/Clinic Supervisors name(s) _____

Grade/Subject(s) _____

Literacy Practicum Activity Log

Date	Activity Description	Hours Completed	SBTE/Clinic Supervisor's Signature
10/10/12	<i>Completed DIBELS assessment with 5 first grade students. Lead a Kindergarten phonics lesson.</i>	2.75 hours	<i>Jane Doe</i>
Hours Completed			

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Teacher Candidate Name: _____ ID: _____

Program: _____

Course: _____ Hours Required for Course: _____

Literacy Practicum Activity Log Continued
(Please review the directions and sample entry on the first page of this form.)

Date	Activity Description	Hours Completed	SBTE/Clinic Supervisor's Signature

Hours Completed

Total Hours Completed (total hours from all verification pages): _____

_____ **Administrators' Name** *(job-embedded placements only)* _____ **Administrator's Signature** *(job-embedded placements only)* _____ **Date**

_____ **Nazareth Instructor's Name** _____ **Nazareth Instructors' Signature** _____ **Date**