

# Record of Practicum Placements

STUDENT'S NAME: \_\_\_\_\_ ID # \_\_\_\_\_

	Placement #1	Placement #2	Placement #3	Methods Practicum
School				
School District				
City & State				
Subject				
Grade Level				
Cooperating Teacher				
Dates of Classroom Experience <small>Please include a month, a day and a year for the beginning and the ending of each placement.</small>				
Luther Student Teaching Supervisor				
Number of Weeks Student Teaching				# of Hours: _____

Education 185/215 Placement

Additional practicums or documented classroom hours [please describe fully]:

---



---



---



---