



PRACTICUM REGISTRATION FORM

Personal Information

Name (Print): _____

Address: _____

City, State and Zip Code: _____

Email: _____ Home Phone: _____

School Name where you are employed: _____

School address: _____ School phone: _____

School District: _____ Position/Grade Level: _____

License you are seeking (Field and Grade Level): _____

Practicum Site Information

Practicum Site (School Name):

School Address: _____ School City: _____

School State & Zip: _____ School Phone: _____

School Fax: _____

Public School?

Private School?

Special Education School?

Supervising Practitioner Information

Your supervising practitioner needs to hold an Initial or Professional license in the same area as the one you are seeking and must have worked at least three years under the Initial license OR one year under the Professional license. ***Please submit a copy of your Supervising Practitioner's license with this form along with his/her resume. We will not be able to move forward with approval of your Practicum without a copy of the license and resume.***

Supervising Practitioner Name: _____

Home Address: _____ Home City: _____

Home State & Zip: _____ Home Phone: _____ E-Mail: _____

School Name: _____

School Address: _____ School City: _____

School State & Zip: _____ School Phone: _____

Everyone is a learner

School Fax: _____

Supervising Practitioner's License (Area and Grade Level): _____

Copy of license attached: Yes No Years teaching under this license: _____

Supervising Practitioner Signature: _____ Date: _____

Name of Principal at Practicum Site:

Tel: _____ E-Mail: _____

Principal's Signature indicating approval: _____ Date: _____

NOTE: If the Supervising Practitioner is not employed at the Practicum Site, he/she must obtain the signature of the Principal at the school where he/she is employed:

Principal's Signature: _____ Date: _____

The above signature indicates that the practicum site meets the below stated conditions and that the Supervising Practitioner has been evaluated as Proficient or stronger (or the equivalent of Proficient or stronger if the Supervising Practitioner has not yet been evaluated according to current standards).

Conditions for Practicum Site:

- Allows the candidate to learn and practice the scope of the professional responsibilities of the license.
- Uses the Massachusetts Curriculum Frameworks in the development of its curriculum.
- Provides opportunities for the candidate to learn from a variety of experiences and professionals.
- Provides a setting comprised of diverse learners (students on IEPs, ELLS, academically advanced students)

Important: Please allow at least two (2) weeks for your Registration form to be processed. A Practicum Registration form will only be accepted if it is complete and all requirements have been met. Once the Practicum Registration form has been reviewed and a Program Supervisor is assigned to you, you will receive a letter of Practicum participation indicating that you can begin the Practicum. Your Practicum can start ONLY after you receive your letter of Practicum participation. Any work done prior to the receipt of this letter cannot be included in your Practicum portfolio.

FOR ADDITIONAL LICENSE CANDIDATES ONLY

Documentation and Practicum Fee:

Additional license candidates MUST submit a copy of their resume and teaching license as well as payment for the Practicum together with this form. If you are already enrolled in our program, you need not submit any documentation or payment as we already have your documentation on record and the cost of the Practicum is covered under the program fee in the commitment letter you signed.

Practicum Fee: \$2,100

Payment Method: Check Enclosed: PO#

Credit Card Payment: Visa MasterCard Discover Card Number: _____

Sec. Code (3 Digit): _____ Name on Card: _____ Expiration Date: _____

Billing Address for Card: _____

Practicum Participant Name: _____

Signature: _____ Date: _____