



**Behavioral Sciences and
Early Childhood Education Department
ECE 232, Early Childhood Practicum**

FIELD VISITORS INFORMATION FORM

Name: _____

Student Telephone number: _____

Course Instructor _____

Please supply the following information to the instructor as soon as they placement site is obtained. Arrangements should be made at least one or two weeks into the course. This information is forwarded immediately to the Coordinator.

Name of the center or school: _____

Address _____ Telephone _____

Contact Person: (Mr. Ms. Mrs. Miss) _____ Title _____

Hours of Operation of program: _____ A.M. _____ P.M.

Classroom name or number you are doing your practicum _____

Name of Cooperating Teacher _____

Your hours of practicum: _____ A.M. _____ P.M.

Days of Practicum (circle)

Monday Tuesday Wednesday Thursday Friday

Beginning date of Practicum Hours _____

Ending date of practicum hours _____

Hours to complete at this site _____. If not accredited need to complete 100 hours and if accredited you may complete the 200 hours. If you are to complete your practicum hours in two different sites you will need two of these forms.

Write directions to reach your practicum site (Main Street, crossing, etc.)
