

PRACTICUM EXPERIENCE VERIFICATION FORM

Minnesota's Professional Educator Licensing and Standards Board (PELSB) requires an evaluation of a candidate's prior clinical and teaching experiences when adding a new licensure content area to an existing license. (*Minn R. 8705.1010, Standard 13*).

Please complete the information on this form for evaluation.

Name: _____ **BSU ID:** _____

Email: _____ **Phone Number:** _____

Additional License/Endorsement Pursuing:

If you are pursuing Special Education, indicate the specific content area(s).

In the Experience Type column, please indicate if **1**) the Grade Levels are not applicable to the additional license/endorsement being pursued; OR **2**) if no experience in the Grade Levels has yet been completed; OR **3**) if this was a Clinical (field experience/student teaching) or Teaching (as the teacher of record) experience.

Grade Levels	Experience Type	Licensure Content Area	School	ISD #	Specific Grade Level(s)	Dates (From-To) OR Hours	SPED Candidates Only Severity Levels Mild-Moderate-Severe
Birth (Birth-Age 3)	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						
	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						
Preprimary (Age 3-PreK)	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						
	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						
Elementary Level (Grades K-6)	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						
	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						
Middle Level (Grades 5-8)	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						
	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						
Secondary Level (Grades 9-12)	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						

	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						
Ages 18-21	<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> No Experience						
	<input type="checkbox"/> Clinical Experience <input type="checkbox"/> Teaching Experience						

Please select any of the below that apply:

I have had experience with students who differ in race, ethnicity, home language, and socioeconomic status.

I have had experience with students with a range of exceptionalities, including students on an individualized education plan.

By signing this form, I certify that the information provided by me is correct, accurate and complete to the best of my knowledge.

Candidate Signature: _____ **Date:** _____

The Office of Teacher Education Clinical Staff and/or Program Leader will review this form and communicate with the candidate regarding an 80-hour practicum experience, with a continuous group of students, aligned to the scope and content of the additional license or endorsement being pursued.

This practicum must include the following:

- Minimum of two observations by a Cooperating Teacher
- Minimum of two observations by a University Supervisor
- Minimum of one triad meeting with the Cooperating Teacher, University Supervisor and Candidate
- Written evaluation by a University Supervisor

Evidence of the required observations, triad meeting, and written evaluation will be captured in Student Learning & Licensure (SL&L) by Watermark during the time of the practicum.

THE SECTION BELOW WILL BE COMPLETED BY THE OFFICE OF TEACHER EDUCATION CLINICAL STAFF AND/OR PROGRAM LEADER

Based on the information provided above, it is recommended that the candidate complete their practicum experience in the following content and scope(s):

ADDITIONAL NOTES: