

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.

Please detail these experiences in each category (race, ethnicity, home language, and socioeconomic status). You may be asked to expand on this if not enough detail is provided:

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

Please detail these experiences. You may be asked to expand on this if not enough detail is provided:

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:

OTE CLINICAL STAFF AND/OR PROGRAM LEADER SIGNATURE:

Date: