

# SIMPSON COLLEGE



**Education 316P** Secondary Education Practicum  
Spring (add year) \_\_\_\_\_

Student Name (print) \_\_\_\_\_ School \_\_\_\_\_

Date	Time In	Time Out	Daily Minutes	Running Total	Mentor (print name)	Mentor Signature

I certify that I have completed 35 hours of practicum experience.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date