SIMPSON COLLEGE

Education 330P Inclusive EC Methods Education Practicum
Fall (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 20 hours preprimary and 10 hours infant/toddler practicum experience for birth-third inclusive or 20 hours primary for PK-K.

_____ _____

Student Signature Date