



## Preservice Teacher Practicum Readiness Form 14 Month

<b>Preservice Teacher Name:</b>	
<b>Practicum School:</b>	
<b>University Advisor Name:</b>	
<b>Associate Teacher Name:</b>	
<b>Grade Level/Courses:</b>	

<b>Checklist of Pre-Practicum Tasks</b>	
a. I contacted my University Advisor and my Associate Teacher and agreed upon a communication plan.	<input type="checkbox"/>
b. I reviewed my practicum school's policies, procedures, and Student Success Plan (if available).	<input type="checkbox"/>
c. I am aware of the cultural and socio-economic make-up of my practicum school.	<input type="checkbox"/>
d. I reviewed the relevant provincial curriculum documents.	<input type="checkbox"/>
e. I understand the subject-area content being addressed during my practicum.	<input type="checkbox"/>
f. I recognize the responsibilities and duties of the classroom teacher.	<input type="checkbox"/>
g. I am aware of my responsibilities and conduct as per the Practicum Protocols and the NSTU Code of Conduct.	<input type="checkbox"/>
h. I am familiar with the 14 Month Initial Assessment Form.	<input type="checkbox"/>
i. I demonstrate a sufficient level of oral and written language of instruction.	<input type="checkbox"/>
j. I have a strategy for self-reflection and for responding to feedback.	<input type="checkbox"/>

Reviewed with EDUC 5390 or EDUC 5490 Instructor ☐

Date Submitted by the Preservice Teacher: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and review with the instructor PRIOR to **November 7th**. Bring the form to your first meeting with the university advisor for review and keep a copy for your records.