



Preservice Teacher Practicum Readiness Form Year 1

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

Checklist of Pre-Practicum Tasks	
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.