

**Preservice Teacher Practicum Readiness Form**

**Year 1**

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| --- | --- |
| **Preservice Teacher Name:** | Click or tap here to enter text. |
| **Practicum School:** | Click or tap here to enter text. |
| **University Advisor Name:** | Click or tap here to enter text. |
| **Associate Teacher Name:** | Click or tap here to enter text. |
| **Grade Level/Courses:** | Click or tap here to enter text. |

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| **Checklist of Pre-Practicum Tasks** |
| 1. I contacted my university advisor and my associate teacher
 | [ ]  |
| 1. I reviewed my practicum school’s Code of Conduct and Student Success Plan goals
 | [ ]  |
| 1. I am aware of the cultural and socio-economic make-up of my practicum school
 | [ ]  |
| 1. I reviewed the relevant provincial curriculum documents
 | [ ]  |
| 1. I understand the subject-area contents being addressed during my practicum
 | [ ]  |
| 1. I recognize the responsibilities and duties of the classroom teacher
 | [ ]  |
| 1. I am aware of my responsibilities and conduct as per the Practicum Protocols
 | [ ]  |
| 1. I am familiar with the year 1 Initial Assessment Form
 | [ ]  |
| 1. I demonstrate a sufficient level of oral and written language of instruction
 | [ ]  |
| 1. I have a strategy for self-reflection and for responding to feedback
 | [ ]  |
| **I need to focus on the following to support my professional growth:** |
| Click or tap here to enter text. |

**Reviewed with EDUC 5390 or EDUC 5490 Instructor** [ ]

**Date Submitted by the Preservice Teacher:** Click or tap here to enter text.**\_\_**

**Signature: \_\_\_**Click or tap here to enter text.**\_\_\_**

Please complete and review with the instructor no later than **October 11th.** Bring the form to your first meeting with the university advisor for review and keep a copy for your records.