

EDUC 1010/EDUC 2010: ICADP PRACTICUM LOG

Please complete and return this form to the Principal, Aboriginal Programs (chrisha@nipissingu.ca)

Classroom Assistant Name:	Student ID:
School/Organization:	Supervisor/Classroom Teacher Name:

Date	Summary of Responsibilities	Site Supervisor Initials
Week 1:		
Week 2:		
Week 3:		
Week 4:		
Week 5:		
Week 6:		

Reflections: Answer the following questions:

1. How did you apply course-based knowledge to your classroom experience during this practicum?

2. What aspect of your practicum experience resonated with you the most?

3. Describe the areas in which you feel you improved the most?

4. Describe the areas in which you feel you need to continue improving?

Classroom Assistant Signature:

Date:

Supervisor/Classroom Teacher Signature:

Date: