Three Rivers Community College
EARLY CHILDHOOD EDUCATION PRACTICUM LEARNING CONTRACT

Please check one: ☐ ECE* K290 Student Teaching I  ☐ ECE* K291 Student Teaching II

Semester/Year: _______________ CRN#: ___________ Intended Completion Date: _______________

Student Name: ________________________________________________ Banner ID#: __________________

Address: ______________________________________________________

(Street)

(City) (State) (Zip)

Phone Number: ____________________________

Site Information

Name of Center: ________________________________________________

Address and Phone: _____________________________________________

Site Supervisor’s Name: _________________________________________

Site Supervisor’s Signature: _____________________________ Date: __________________

Student’s Signature: _____________________________ Date: ________________

Instructor’s Name: _____________________________________________

Instructor’s Signature: _____________________________ Date: ________________

Academic Dean’s Signature _____________________________ Date: ________________

PROGRAM COORDINATOR WILL SUBMIT SYLLABUS

Distribution List: Student, Instructor, Registrar, Site Supervisor, Academic Dean

Last update: 5-2013 TMD