

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