I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that I will complete a practicum experience observing and assisting

 (Fredonia student’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the week of \_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_20\_\_ .

(cooperating teacher’s name) (date) (date)

I fully understand that I am to undertake this assignment as a professional responsibility. This means that I will conduct myself as I would if I were a teacher in the school system. I understand, as well, that I must make up any absences because of school cancellation, ill health, poor traveling conditions, etc. I also agree to contact the individual(s) to whom I am assigned to advise them when I will not be able to attend. Since the main benefit to the individuals accepting this arrangement is the assistance I can provide, I agree to cooperate fully in whatever reasonable requests are made of me. Any additional arrangements, criteria, qualifying remarks, etc., have been added on the back of this form and have been agreed to by myself and the individual(s) with whom I will work.

Date:

Fredonia Student’s Signature **Student’s FREDmail** address:

School Administrator’s Acknowledgement School Administrator’s Name:

 **OR**

Music Administrator’s Acknowledgement Music Administrator’s Name

School District or System:

School Address: School Office Phone:

Cooperating Teacher’s Acknowledgement Cooperating Teacher’s Name:

Cooperating Teacher’s School email:

PLEASE save this completed form as .pdf and **EMAIL it to the Student’s FREDmail address** listed above. It is the student’s responsibility to gather and submit evidence of their Practicum experiences.

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Fredonia STUDENT: Please circle or highlight the appropriate course number and high needs:

1. Course number: (Can be completed in ANY order)

MUED 255-Elementary **GENERAL MUSIC** MUED 256-Middle/Junior High

MUED 355-High School MUED 356-Elective

1. Is this practicum experience at a high needs school? YES NO