

# Center for Additional Teaching Licenses



## Add On Practicum Plan

**Name** \_\_\_\_\_

Describe your Practicum experience. Make sure that the dates and required instructional time are clearly defined.

- Beginning to ending dates (inclusive timeframe):
- School:
- Grade(s) and/or subject(s) taught:
- If working in a classroom other than your own:

\_\_\_\_\_  
Colleague's name

\_\_\_\_\_  
Colleague's Signature

Daily schedule of teaching responsibilities:

Dates/Time(s)	
Curriculum/Content	
Hours/Minutes	

*For clarity in information, see the sample plans on our website.*

**Note:** *If you are splitting your hours between 2 or more schools, a separate Add On Program Agreement must be submitted.*