

## Mentorship/Supervision

Teacher's Name:		
This is to inform you that you have been assigned one of the following responsibilities:		
□ Practicum Student* □ Student Teacher	☐Clinical Faculty Student	□Mentorship
Name of Student/Mentee:		
College/University:		
Dates:	Number of Hours:	
Recertification Option #6:	Points to be Awarded:	
Approved by:		
*The principal will assign practicums and award recertification points.		
~ I certify that this placement occurred.		
Signature of certificate holder		Date
Initials of advisor after the placement is completed:		
	Da	te
This completed form should be placed in your	r recertification folder.	