

Outdoor Education Practicum Verification Form (PE 445)

Student Name _____ Semester _____
Student ID # _____ Phone _____
Email _____

Placement Location & On-site Supervisor

Name of School or Organization _____
Supervisor _____
Address _____
Phone _____ Email _____

Verification

The student named above has satisfactorily completed the duties agreed upon at the start of the semester (or revised duties as assigned and agreed upon).

The total number of hours the student did practicum-related work under my supervision was _____ hours.

Signature of On-site Supervisor _____ Date _____

Name of On-site Supervisor (printed) _____

DIRECTIONS TO STUDENT: Fill out your name, the placement location and the on-site supervisor's name and address at the top of this form. Show your supervisor your journal and time log. Ask your supervisor to write in the number of hours you worked and sign and date the form. Return this form and your journal to the course instructor before the end of the semester.