

COMPULSARY FORM TO BE COMPLETED BY STUDENTS

GRADUATE DIPLOMA IN TECHNOLOGY EDUCATION

Teaching Practicum Placement

Once you have made arrangements with a school for your Teaching Practicum Placement please fill in this form. (Use a separate form for each placement)

<u>STUDENT NAME:</u> <u>STUDENT NO:</u> <u>ADDRESS:</u>	<u>CONTACTS:</u> HOME: WORK: MOBILE: E-MAIL:
<u>NAME OF SCHOOL:</u>	<u>PRACTICUM:</u> A B C D (Please circle)
<u>SCHOOL ADDRESS:</u>	<u>DATES FOR PRACTICUM:</u>
<u>STUDENT TEACHER COORDINATOR'S NAME:</u> <u>SUPERVISOR'S NAME:</u>	<u>SCHOOL CONTACT:</u> PHONE NO: FAX NO:

Please return form to:

Rose-Marie Dettinger, School of Educational Studies

La Trobe University, Victoria 3086 or fax: (03) 9479 3070

PLEASE RETURN THIS FORM AND YOUR TIMETABLE OF TEACHING PRACTICE BEFORE COMMENCEMENT.