



Important Information:

You must return this application by:

July 1 - Fall Practicum

November 1 - Spring Practicum

You will not be able to enroll for this course until you have submitted your Teaching
• Service Record to the Educational Leadership Department. During or before regular registration, you will be notified which Practicum section you may register for.

Additional course fees are charged for online classes. The "traditional" practicum is

- <u>recommended</u> for most candidates. Class sessions meet 3-4 times during the semester, usually Saturday mornings at The Woodlands Center.
- Once your application is received your will be contacted through the email provided, and notified if there is any further information required.

Review the Practicum Information on the Ed. Admin. Master Students Organization on Blackboard.

Practicum Advisor

Dr. Cynthia Martinez-Garcia E-Mail: cmg021@shsu.edu 936-294-1147

Complete and return the application

to: Haley Christel Practicum Assistant
SHSU Department of Educational Leadership
Fax: 936.294.3886
E-mail: hmc028@shsu.edu

If you have any questions concerning the practicum or the application you may call Haley at 936.294.1141 or email.

***Candidate must have 2 years of certified teaching experience.

The Practicum must take place at a TEA accredited school. ***





***The Practicum must take place at a TEA accredited school. ***

| Candidate's Information | 1: | | | | | |
|--|----------------|------|--------------------------------|-----------------------------|-------|--|
| Name: | | | | SAM ID Number: | | |
| Mailing Address: Ci | | ty: | | State: | Zip: | |
| Home Phone Number: | | | Cell Phone Number: | | | |
| Email Address (primary): | | | | | | |
| Semester in which you will enr | oll for intern | ship | (See note al | bove for sumn | ner): | |
| Course Requirements: | | | | | | |
| Please indicate whether you l you have NOT completed the | e course, writ | e th | | ompletion date | - | |
| EDAD 5332 Administration and Organization of Public Schools | | | EDAD 6394 A Educational L | U | | |
| EDAD 6371 Role of The Principal in School Administration | | | EDAD 6370 (Management | Campus Business | S | |
| EDAD 5372 Federal, State, and Local School Law | | | EDAD 5386 Sp and Special Pr | pecial Population ograms | 15 | |
| EDAD 6378 Building Capacities for Teaching and Learning | | | EDAD 6385 C Leadership | ulturally Profici | ent | |
| EDAD 6379 Program Evaluation for School Improvement | | | | | | |
| Please check if you are an Online Student. Online Tra | aditionally (n | neet | s 3-4 Monda | | | |
| Have you taken and passed the TI | - | | | | , | |





Practicum Agreement

| I understand that I am participating in a practicum experience sponsored by the Educational Leadership Department at Sam Houston State University and the |
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| School District. I understand that my practicum must take place at a TEA accredited school. I recognize that during the practicum, I am subject to the rules, regulations, and policies of the university as well as those of the school district and campus. |
| I understand that during the practicum, I will be representing the university and the department. Each candidate is expected to act in a manner consistent with the component's functions as an educational institution, including school district conduct that is likely to have an adverse effect on the component or on the educational process. No person or group of persons acting in concert may willfully violate the following rules. Specific examples of misconduct for which candidate's may be subject to termination include, but are not limited to, the following: Commission of an act that would constitute an offense under appropriate federal, state, or municipal law, avoid becoming involved in ideological disputes, maintain the confidentiality of records and internal matters at all times. |
| I understand that failure to abide by the required Code of Ethics or guidelines of the practicum will result in termination. |
| I have read this agreement. The nature, scope, and required guidelines of the practicum program have been explained to me, and I agree to abide by them. |
| Sam ID#: |
| Candidate's Name: |
| Candidate's Signature: |
| Date: |





Site Supervisor/Campus Administrator Practicum Agreement

As the Site Supervisor/Campus Administrator, I recommend the previously named individual for acceptance into the practicum experience for the principal preparation program at Sam Houston State University. I understand this program will require the practicum candidate to perform assigned administrative duties during the regular school day. I will provide the assistance, opportunities, and mentor the candidate to fulfill the requirements of the practicum.

| School District: | Campus: | | | | | |
|--------------------------------------|---------|--------------------|--------|------|--|--|
| School Address: School Phone Number: | | City: | State: | Zip: | | |
| | | School Fax Number: | | | | |
| Site Supervisor: | | Position: | | | | |
| Phone Number: | Eı | Email Address: | | | | |
| Site Supervisor Name: | | | | | | |
| Site Supervisor Signature: | | | | | | |
| Date: | | | | | | |

*** If your site supervisor changes, please resubmit this form with the updated information and signature. ***