APPENDIX K: INCOMPLETE FIELD EXPERIENCE FORM

If for any reason the Teacher Candidate does not complete a practicum block, this form must be completed by the Associate Teacher, only if the Teacher Candidate attended the Field Experience placement for five or more days.

Name of Teacher Candidate:	
Name of Associate Teacher:	
Name of School:	
Address of School:	
Grade and/or Subject :	

This is to verify that the Teacher Candidate named above did not complete the Field Experience placement with the Associate Teacher named above for the following reason(s):

_____ _____

(Associate Teacher's Signature) **(Date)**

Associate Teacher - Please fax this sheet to the Practicum Office at 905.721.3168.