



PRACTICUM SITE LIST

For use with TEP Certification Form

How many pages are you sending us? This is page ____ of ____.

Application Must Be Typed or Neatly Printed in English.

Name of School			
City and State/Country		Name of Owner/Director	
Room Designation	Age Level	Adult Learner/ Supervising Teacher Ratio	Name of Supervising Teacher

Name of School			
City and State/Country		Name of Owner/Director	
Room Designation	Age Level	Adult Learner/ Supervising Teacher Ratio	Name of Supervising Teacher

Name of School			
City and State/Country		Name of Owner/Director	
Room Designation	Age Level	Adult Learner/ Supervising Teacher Ratio	Name of Supervising Teacher

*** Add additional pages of practicum sites if needed. Mark page numbers.**