

**EDUC 1010/EDUC 2010: ICADP PRACTICUM LOG**

*Please complete and return this form to the Principal, Aboriginal Programs (chrisha@nipissingu.ca)*

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| **Classroom Assistant Name:** | **Student ID:** |
| **School/Organization:** | **Supervisor/Classroom Teacher Name:** |

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| **Date** | **Summary of Responsibilities** | **Site Supervisor Initials** |
| Week 1: |  |  |
| Week 2: |  |  |
| Week 3: |  |  |
| Week 4: |  |  |
| Week 5 |  |  |
| Week 6: |  |  |

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| **Reflections: Answer the following questions:** |
| 1. How did you apply course-based knowledge to your classroom experience during this practicum? |
| 1. What aspect of your practicum experience resonated with you the most? |
| 1. Describe the areas in which you feel you improved the most? |
| 1. Describe the areas in which you feel you need to continue improving? |

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| **Classroom Assistant Signature:** | **Date:** |
| **Supervisor/Classroom Teacher Signature:** | **Date:** |