UCSB

UCSB PREPROFESSIONAL EDUCATION PROGRAM
VERIFICATION AGREEMENT

FALL_____ WINTER_____ SPRING_____ SUMMER_____

NAME _____ ACADEMIC YEAR _____To_____

SUPERVISING TEACHER _____SITE COORDINATOR _____

CONTENT AND/OR GRADE LEVEL _____

SCHOOL NAME & ADDRESS _____

Please fill in the number of hours for each day volunteered **(sample)**

This must be an accurate accounting of time in the classroom, so it can be verified by the supervising teacher and site coordinator when they sign at the end of the quarter.

TOTAL HOURS _____

Week of	M	T	W	Th	F
9/4		2		2	

Only upon completion of this form will the preprofessional experience be considered fulfilled and eligible for evaluation. It is the responsibility of the preprofessional to see that the forms are completed by the specified deadlines.
You are expected to make a copy of this form and the evaluation form for your own records. Return the form with the original signatures to the Preprofessional Education Office before those deadlines.

ALL PREPROFESSIONALS: Briefly describe your duties in your classroom assignment:

1. 5.

2. 6.

3. 7.

4. 8.

Preprofessionals are required to complete one child/school related activity for each 30 hr. assignment.

Date _____ _____ (activity)

All Preprofessionals must obtain signatures of the people listed below. The signatures below verify that you have completed the Preprofessional Education experience listed above.

Supervising Teacher's Signature _____

School Coordinator's Signature _____
(or administrator at site)

When you have completed this form, please return it promptly to the Preprofessional Education Office, Phelps 2517 or mail it to: Judy Headley, TEP/PEP, University of California, Santa Barbara, CA, 93106-9490