

## Special Education Majors ONLY

Verification of Pre-Student Teaching Hours

Side 1: Verification of Pre-Student Teaching/Pre-clinical/Practicum Hours associated with classes

Student Name: \_\_\_\_\_ Program Area: \_\_\_\_\_ Student # \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Code: G – General Education S – Special Education P – Primary 1 – Elementary 2 – Secondary

Course	CRN	Instructor Signature
Total Number of Hours	Circle Type of Experience	
	G S P 1 2	

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Side 2: Verification of Hours Independently acquired

Code: G – General Education S – Special Education P – Pre-primary 1 – Elementary 2 – Secondary

Date	Number of Hours	Circle Type of Experience G S P 1 2	Teacher/Supervisor Signature
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TOTAL HOURS (both sides)

General \_\_\_\_\_

Special \_\_\_\_\_

Side 2: Verification of Hours Independently acquired

Code: G – General Education S – Special Education P – Pre-primary 1 – Elementary 2 – Secondary

Date	Number of Hours	Circle Type of Experience G S P 1 2	Teacher/Supervisor Signature
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TOTAL HOURS (both sides)

General \_\_\_\_\_

Special \_\_\_\_\_