

ILLINOIS STATE UNIVERSITY
Professional Practicum
LEARNING PLAN

Part 1. Start typing under name and tab to next section to be typed or to check box.

A. NAME		Student ID NO.	
CAMPUS ADDRESS <i>Street</i>		ADDRESS WHILE DOING THE PRACTICUM <i>Street</i>	
<i>City</i>	<i>State</i> <i>Zip</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Phone (include area code)	Email Address (use ilstu.edu e-mail)	Phone (include area code)	Email Address
DATE PRACTICUM BEGINS		DATE PRACTICUM ENDS	

CREDITS TO BE AWARDED		
PRACTICUM COURSE NO. _____	NO. OF PRACTICUM CREDIT HOURS: <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> Other-Specify _____	If not enrolled in an associated practicum course, what are the total enrolled hours for the semester? _____

B. PRACTICUM ORGANIZATION			
ADDRESS: <i>Street</i>			
<i>City</i>	<i>State</i> <i>Zip</i>	Phone (include area code)	Email Address of SUPERVISOR
NAME OF HOST ORGANIZATION CONTACT PERSON			

C. FACULTY ADVISOR	
Office Phone (include area code)	Email Address of Faculty Advisor

D. CULMINATING EXPERIENCE
<input type="checkbox"/> YES <input type="checkbox"/> NO

Professional Practicum Learning Plan

PART II. The Professional Practicum Experience

- A. Practicum Description:** Describe in as much detail as possible your role and responsibilities during your practicum. List duties, projects to be completed, deadlines, etc., if relevant.
- B. Learning Objectives:** What do you intend to learn through this experience? Be specific. Try to use concrete, measurable terms.
- C. Grading Criteria:** (be specific with percent assigned to each item) How will your practicum be evaluated? By whom? When?

PART III. Insurance

Insurance Form: Must complete the Student Health Insurance Professional Practice form for appropriate semester.

- A. <http://healthservices.illinoisstate.edu/insurance/forms.shtml>
- B. Complete Student Health Insurance form for Professional Practice from above link. Print. Attach to Learning Plan.
- C. NOTE: If using personal insurance or both personal insurance and ISU insurance, you must attach a copy of the front and back of your insurance card
- D. Before attaching insurance form and turning in Learning Plan, make sure you have the correct insurance form for the correct semester and year.
- E. Learning Plan will not be accepted without insurance form.

PART IV. Agreement

This agreement may be terminated or amended by student, faculty supervisor or host organization supervisor at any time upon written notice, which is received and agreed to by the other two parties.

STUDENT SIGNATURE

DATE

HOST ORGANIZATION SUPERVISOR

DATE

Faculty Advisor

DATE

OFFICE USE ONLY

Date of Override: _____

Section No. _____

Date Emailed to

Host Organization: _____

NOTE: Electronic copy will be e-mailed as an attachment to Host Organization.