

FORM B: PRACTICUM INFORMATION SHEET/GOAL STATEMENTS

EHS 645 – Practicum in Higher Education
M.Ed. in Administration of Higher Education
Suffolk University

Term/Yr.:	
Instructor:	



Name:	
Address:	
E-mail:	
Phone (Home)	
<i>Work:</i>	
<i>Cell:</i>	
Practicum Site:	
Practicum Responsibilities:	
Practicum Supervisor:	
<i>Title:</i>	
<i>Academic Degree & Disciplinary Area:</i>	
<i>Address:</i>	
<i>Phone:</i>	
<i>Fax:</i>	
Work Schedule (Days/Hours):	

Explain the reason(s) for selecting this particular practicum site:	
List coursework that you feel	

<p>relates to your practicum experience and discuss how it relates (in other words, identify classroom experiences or work that you might be able to draw on in your practicum):</p>	
<p>List skills <u>you currently possess</u> that you can utilize in your practicum:</p>	
<p>List skills <u>you would like to obtain/improve on</u> as part of the practicum experience:</p>	
<p>Identify four to five (4-5) goals you would like to set for yourself this semester as part of the practicum experience:</p>	
<p>List appropriate actions steps you will take to achieve your goals and objectives:</p>	
<p>List two to three (2-3) important practicum issues or topics that you would like to discuss among your fellow students during the practicum experience. (Consider, for example, dealing with stress; dealing with a challenging supervisor; handling crisis situations; working through projects with which you have little experience; etc.).</p>	

Please return this form to your practicum course instructor

Program Director Contact Information:

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