

Office of Clinical and Field Experiences
Frostburg State University
101 Braddock Road
Frostburg, MD 21532-1099

Name _____

**Pre-Practice Visit Card for Induction and Practicum I
MAT Secondary/P-12**

Dear Principal / Mentor Teacher:

Please admit this teacher intern of Frostburg State University to complete his/her pre-practice visit. Please sign to verify his/her successful completion of this phase of his/her professional preparation. The teacher intern will return this card to the Office of Clinical and Field Experiences when he/she has completed the pre-practice visit. The visit is to be made before his/her practicum begins (no later than one week before the beginning of the practicum). Teacher interns are expected to spend a minimum of 3 hours with the mentor teacher.

School _____ Mentor Teacher _____

Date _____ Periods / Time _____

Appearance _____ Satisfactory _____ Unsatisfactory _____

Comments

Mentor Teacher Signature _____

The intern must return this completed card to the Office of Clinical and Field Experiences before the beginning of the Practicum.