



Faculty of Education  
Queen's University  
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### RECORD OF ALTERNATIVE PRACTICUM EXPERIENCE

Candidate: \_\_\_\_\_

Host Professional: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ email: \_\_\_\_\_

Grade/Subject/Focus: (if applicable) \_\_\_\_\_

Dates of Practicum: \_\_\_\_\_ to \_\_\_\_\_

The teacher candidate's tasks, duties, and activities during the placement were to:

Comments: (attach a separate sheet if you like)

Signature of Supervisor/Host: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Teacher Candidate: \_\_\_\_\_

**It is the responsibility of the teacher candidate to submit a copy of the *Record of Alternative Placement Experience* form to the Practicum Office, and FOCI instructor (where applicable).**