



Central Connecticut State University
FIELD EXPERIENCE STUDENT AGREEMENT

1. I understand that I must abide by the policies, rules and expectations of CCSU and of the school in which I work.
2. I understand that I must start my assignment when specified, be punctual in my attendance, and that I must notify the school and the cooperating teacher in a timely manner if an emergency or illness necessitates my being late or absent.
3. I understand that I must meet all expectations of professionalism. (See Guidelines for Practicum Students handout.)
4. I understand that I am responsible for maintaining a log that document the days and times I participated at my school site and that I must include this log in my final portfolio for the course.
5. I understand that placements are made by the School of Education or related content area professors, and may not initiate my own school placements.
6. I understand that I must adhere to the Connecticut Code of Professional Responsibility for Teachers.
7. I understand failure to adhere to the above statements may result in my removal from the practicum placement and potentially impact my status in the professional program.

Last Name: First Name: Middle Initial:
CCSU Student ID #: Course and Number:
Email Address: Phone Number:

I understand that my signature authorizes that all of the above has been accurately reported.

Student's Signature: Date: