## **EI Supervision Verification Form**

|  |  |
| --- | --- |
| Name: |  |

**Practicum 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Site: |  | Semester: |  |

|  |  |
| --- | --- |
| Direct contact hours with infants/toddlers with disabilities and their families: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University supervisor: |  | Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cooperating professional: |  | Signature: |  |

**Practicum 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Site: |  | Semester: |  |

|  |  |
| --- | --- |
| Direct contact hours with infants/toddlers with disabilities and their families: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University supervisor: |  | Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cooperating professional: |  | Signature: |  |

**Practicum 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Site: |  | Semester: |  |

|  |  |
| --- | --- |
| Direct contact hours with infants/toddlers with disabilities and their families: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University supervisor: |  | Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cooperating professional: |  | Signature: |  |

**SPED 438: Collaborating with Families**

|  |  |
| --- | --- |
| Semester: |  |

|  |  |
| --- | --- |
| Direct contact hours with children and families (Family Mentor experience): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course instructor: |  | Signature: |  |

**Program Coordinator Verification**

|  |  |  |
| --- | --- | --- |
| I hereby verify that |  | was supervised for a total of: |

|  |  |  |  |
| --- | --- | --- | --- |
| Hours: |  | Minutes: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | Through: |  |

in fulfillment of requirements for the Master of Education (Ed.M.) degree in special education (with an emphasis on services for children with disabilities, aged birth to three, and their families).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| ECSE Program Coordinator |  | Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student signature |  | Date |