

## LIS 525 Practicum Site Choice

Student Name \_\_\_\_\_ Student Email \_\_\_\_\_

Semester/Year \_\_\_\_\_ UB Person # \_\_\_\_\_

Practicum Placement: \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary

**You may not begin either of your 20-day practicums until an approval letter has been signed and returned to the DLIS office.**

**You must have completed all required school library media specialist courses, have a 3.0 G.P.A. and have no “incompletes.” You must have your pedagogical core courses completed with transcripts on file.**

The supervising LMS must: have worked as a certified LMS for three years; and have worked in his/her present position for at least one full year. The media center can utilize either a flexible or fixed schedule, but **collaboration between the LMS and classroom teachers should be present**. The site may be one that the UB student visited in LIS 524.

The UB student cannot have any close relatives or friends working in the school. You cannot do a practicum in a school where you work, or are taking a leave of absence, nor can you be paid for the days during which you do your practicum. You **cannot substitute** for the supervising LMS during your practicum.

All information below needs to be **completed and returned** to the course instructor. The form may be faxed to (716) 645-3775. The supervising media specialist should be able to help provide the information relating to the Site Approval Person. This person may vary from one school district to another.

When this completed form is returned, the department will send a letter to the school district to request approval for your practicum placement. After the approval letter from the school district is received, you will be contacted via email. **You may then start your practicum.**

Anticipated Start Date:	
School Name:	
School Street Address:	
School City and Zip Code:	
School Telephone & Fax:	Phone _____ Fax _____
Supervising LMS:	
LMS Signature:	
LMS Home Address:	
LMS City State Zip:	City _____ State _____ Zip _____
LMS E-mail:	
Building Principal:	
Name of Site Approval Person:	
Approval Person Job Title:	
Approval Person Street Address:	
Approval Person City & Zip:	
Approval Person Phone #:	_____ Fax _____