

Default Question Block

L-2 Survey for Practicum/Pre-practicum Student Teaching

This survey is the **first step** in the process of completing the L-2 Contract. It will auto-save your progress, but you must use the same computer/device and browser when you return to this link. After you complete it, please read the instructions at the end of the survey carefully, since the next step will be to sign your contract on DocuSign.

Student Candidate Information

Please enter your information below.

First Name

Last Name

Email

Phone Number

Spire ID

Degree Program Level

Undergraduate Graduate UWW

Practicum/Pre-practicum

Practicum Pre-practicum

MEPID Number

Choose your license field and corresponding grade level.

License Field

Grade Levels

MTEL Results

Please mark the tests as passed, not taken, or not applicable.

Com/Lit Reading

Pass

Not Taken

Not Applicable

Com/Lit Writing

Pass

Not Taken

Not Applicable

Subject Test 1

Pass

Not Taken

Not Applicable

Subject Test 2

Pass

Not Taken

Not Applicable

Practicum Information

Choose your practicum program.

Program or Pathway

Practicum/Pre-practicum

Course #

Select your program/pathway coordinator.

Program or Pathway

Program Coordinator

Email

Please enter your class information.

If you're not sure how many credits to enter, please consult with your Program Coordinator.

Spire Class #

Credits

Please enter the name and email of your Supervising Practitioner.

For pre-practicum candidates, you may enter a Department Chair or Site Coordinator's information instead.

Full name

Email

Block 1

Practicum Information

Practicum Semester

Fall Spring Full year 180Day-B2F

Choose your practicum start date.

← November 2022 →

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Choose your practicum end date.

← November 2022 →

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Please enter the days and times that you will be at the practicum site.

Choose your practicum site.

If your city and/or school is not listed, select "Not Listed" and enter the school information manually on the next page.

City

School

Address

Please enter the name and email of the principal at your practicum site.

If your school was not listed (and ONLY in this case), enter "none" or "n/a" for these fields. You will fill out all school information on the next page.

First name

Last name

Email

Unless your school was not listed, clicking the next arrow will complete the survey. This is your last chance to access the rest of the survey in either case, so use the back arrow to double-check that your information is correct.

Block 2

Your school was not listed, so please enter the school information here.

School

Address

City

State

Zip

Principal first name

Principal last name

Principal email

Powered by Qualtrics

SAMPLE