ETEC692

Practicum in Instructional Technology

ETEC692 is designed to provide students with field experiences working with technology in an educational and/or training environment. Students need to conduct 80 hours of field experience: (1) working in a school or business setting that they select or (2) working with a faculty member at CSUSB. To receive credit for ETEC692, a student needs to

1. secure the signature(s) of your selected site supervisor(s) for your proposed plan,
2. submit a copy of Proposed Plan and obtain a signature from the ETEC692 instructor when you start the practicum,
3. document hours spent on the practicum and provide brief descriptions of the performed duties,
4. secure the signature(s) of your selected supervisor(s) for your Completed Plan once you complete 80 hours,
5. submit a copy of Completed Plan and obtain a signature from the ETEC692 instructor when you complete the practicum, and

Students may participate in technology conferences and count them as part of 80 hours. Students need to complete the Technology Conference Log with a signature of ETEC692 instructor or advisor.

- Attending Conference = 5 hours
- Attending + Providing Services = 10 hours
- Attending + Presenting = 20 hours
- Attending + Bringing Student Showcase = 25 hours
- Attending + Presenting with CSUSB Faculty = 30 hours

Students must register for ETEC692 in the spring quarter and are strongly advised to start their experience during the previous fall or winter quarter. This will allow students ample time to complete their work experience before registering for the course. Making a ten-minute presentation at the end of ETEC692 will conclude students' ETEC692 experience.

Proposed Plan

Student name_____Phone # _____

Email address _____Starting Quarter (e.g. Fall05)_____

I. Duties/tasks proposed at a selected location   Hours

_____   _____

_____   _____

_____   _____

_____   _____

Supervisor's Name: _____ Date: _____

Signature: _____

Title: _____

Phone # _____ Email Address _____

II. Duties/tasks proposed at a selected location   Hours

_____   _____

_____   _____

_____   _____

_____   _____

Supervisor's Name: _____ Date: _____

Signature: _____

Title: _____

Phone # _____ Email Address _____

Instructor's Name: _____ Date: _____

Signature: _____

Completed Plan

Student name_____Phone # _____

Email address _____Completed Quarter (e.g. Fall05)_____

I. Duties/tasks actually performed at a selected location   Hours

_____   _____

_____   _____

_____   _____

_____   _____

Supervisor's Name: _____ Date: _____

Signature: _____

Title: _____

Phone # _____ Email Address _____

II. Duties/tasks actually performed at a selected location   Hours

_____   _____

_____   _____

_____   _____

_____   _____

Supervisor's Name: _____ Date: _____

Signature: _____

Title: _____

Phone # _____ Email Address _____

Instructor's Name: _____ Date: _____

Signature: _____

Technology Conference Log

Student name_____Phone # _____

Email address _____

Name of conference: _____ Date(s): _____ Hours: _____

What did you do or/and learn at the conference?

Instructor's (advisor's) signature: _____ Date: _____

Name of conference: _____ Date(s): _____ Hours: _____

What did you do or/and learn at the conference?

Instructor's (advisor's) signature: _____ Date: _____

Name of conference: _____ Date(s): _____ Hours: _____

What did you do or/and learn at the conference?

Instructor's (advisor's) signature: _____ Date: _____

Name of conference: _____ Date(s): _____ Hours: _____

What did you do or/and learn at the conference?

Instructor's (advisor's) signature: _____ Date: _____