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)________________________

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<th>I. Duties/tasks proposed at a selected location</th>
<th>Hours</th>
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Supervisor’s Name: ____________________________ Date: __________________________

Signature: ____________________________________________

Title: ________________________________________________

Phone # ___________________________ Email Address ___________________________________

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<th>II. Duties/tasks proposed at a selected location</th>
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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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Supervisor’s Name: ____________________________ Date: ____________________________
Signature: ____________________________________________________________________
Title: ______________________________________________________________________
Phone # ___________________________ Email Address ___________________________________

II. Duties/tasks actually performed at a selected location

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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?

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

Instructor’s (advisor’s) signature: ___________________________ Date: ______________