



Intern Name _____

Internship School _____

Supervising Teacher _____

Date Internship Began _____

1. Purpose. This document verifies that the intern has been presented and mastered everything that is listed on the following pages. *If used by a MACTE accredited teacher education program, only a teacher holding an Early Childhood MACTE credentialed certificate shall initial the MASTERED columns.* The intern must be able to present everything dated and verified in this document and shall be able to determine the PURPOSE, AIM, POINT OF INTEREST, CONTROL OF ERROR, and DEVELOPMENTAL AGE OF THE CHILD TO WHOM THE LESSON IS PRESENTED. The intern shall also demonstrate knowledge of the SEQUENCE OF MATERIALS.

The intern is held responsible for the correctness of this document and shall be held responsible for falsification or forgery of the information contained herein.

Signature of Intern _____ Date _____

Signature of Supervising Teacher _____ Date _____

All Certified Teachers that have initialed in the Mastered Column:

Signature _____ Initials _____ Date _____

Organization: _____ Date of Credential: _____

(MEPI, AMS, etc.)

Signature _____ Initials _____ Date _____

Organization: _____ Date of Credential: _____

(MEPI, AMS, etc.)

Signature _____ Initials _____ Date _____

Organization: _____ Date of Credential: _____

(MEPI, AMS, etc.)

Signature of Program Director _____ Date _____