Health and Physical Education Teacher Certification

Complete 60 hours prior to Professional Semester.

Student’s Name: ___________________________  Local Phone: ___________________________

PDA Placement (Identify the specific School, Camp, Agency, etc.): _______________________
______________________________________________________________________________

Location: ___________  ___________________________________________________________

Participation Date(s):

PDA Category (i.e., K-6 PE, community health):________________Approximate Hours:____

Supervisor (print the name) _______________________________________________________

Provide a detailed description of your role as it relates to the PDA policies (see HPE new student handbook). All PDA hours must be hands-on experiences (i.e., supervising, teaching). Once you have written the description of your role below, you must have your advisor approve the hours by signing the bottom of this side before you complete the PDA hours. One form should be completed for each PDA placement. If you have questions, see your advisor in advance.

Student’s Signature:_________________________________________  Date:_______________

Advisor’s Signature:_________________________________________  Date:_______________
After completion of your experience, please have your placement supervisor complete this side.

PDA Placement (Identify the School, Camp, Agency, etc.): ______________________________

Location: ___________________________  Contact’s Phone Number: ______________

Date(s) of Participation ___________________________________________________________

Approximate Hours:_______ Supervisor’s Signature:_______________________________

    Supervisor’s Name (please print) _________________________

Supervisor’s Comments: Please provide a brief summary of the student’s performance based on the role description on side one.