



**University at Buffalo
Department of Library and Information Studies**

LIS 525 Practicum Site Choice

Student Name: _____ Student E-mail: _____

Semester: _____ Student UB Person Number: _____

Practicum Placement: _____Elementary _____Secondary

You may not begin either of your 20-day practicums until an approval letter has been signed and returned to the DLIS office.

You must have completed all required school library media specialist courses, have a 3.0 G.P.A. and have no “incompletes.” You must have your pedagogical core courses completed with transcripts on file.

The supervising SLMS must: have worked as a certified SLMS for three years; and have worked in his/her present position for at least one full year. The media center can utilize either a flexible or fixed schedule, but **collaboration between the SLMS and classroom teachers should be present.** The site may be one that the UB student visited in LIS 524.

The UB student cannot have any close relatives or friends working in the school. You cannot do a practicum in a school where you work, or are taking a leave of absence, nor can you be paid for the days during which you do your practicum. You **cannot substitute** for the supervising SLMS during your practicum.

All information below needs to be **completed and returned** to the course instructor. The form may be faxed to (716) 645-3775. The supervising media specialist should be able to help provide the information relating to the Site Approval Person. This person may vary from one school district to another.

When this completed form is returned, the department will send a letter to the school district to request approval for your practicum placement. After the approval letter from the school district is received, you will be contacted via email. **You may then start your practicum.**

Anticipated Start Date:			
School Name:			
School Street Address:			
School City and Zip Code:			
School Telephone & Fax:	Phone	Fax	
Supervising SLMS:			
SLMS Signature:			
SLMS Home Address:			
SLMS City State Zip:	City	State	Zip
SLMS E-mail:			
Building Principal:			
Name of Site Approval Person:			
Approval Person Job Title:			
Approval Person Street Address:			
Approval Person City & Zip:			
Approval Person Phone #:			Fax