



**ST. FRANCIS XAVIER  
UNIVERSITY  
PRACTICUM PROPOSAL**

**1. Personal Information**

Date of Submission: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home or work email: \_\_\_\_\_

Home or work phone: \_\_\_\_\_

**2. Description of the organization in which the practicum will occur:**

**3. Description of your role within (or link to) the organization**

**4. Prospective training need**

**5.**

a) Occupation of prospective learners \_\_\_\_\_

b) Number of prospective learners \_\_\_\_\_

c) Prospective class size \_\_\_\_\_

d) Prospective training dates \_\_\_\_\_

e) Prospective date of practicum  
report submission \_\_\_\_\_

**6. Practicum contract (see Diploma Requirements, items # 6, 7 in Introduction)**

As part of my practicum report, I recognize that I must submit:

- (a) Needs assessment strategy
- (b) Needs assessment evidence: any two needs assessment methods used
- (c) Five learning objectives
- (d) Evaluation strategy
- (e) Evaluation evidence: one reaction method used, one learning method used
- (f) Twelve hours of learning design
- (g) A narrative (essay) inclusive of a summary of personal learning

**7. Practicum Contract:**

As part of my practicum, I have read the *Practicum Requirements* and understand that I must submit all components as per the agreed upon timeline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed proposal form to [dipaded@stfx.ca](mailto:dipaded@stfx.ca).

<p><b>FOR OFFICE USE ONLY</b></p> <p>Learner identification #:</p> <p>Approved (yes or no):</p> <p>Approved by:</p> <p>Approval date:</p>
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