

**CERTIFICATE OF TEACHING PRACTICE IN THE
BACHELOR'S DEGREE PROGRAM TEACHER TRAINING**

– for presentation to the faculty/for submission to the lecturer of the seminar –

Ms./Mrs./Mr.

Name, Surname

Matriculation number

Course of studies: Teaching at

primary and secondary schools secondary schools and college special needs education

She/he has regularly attended teaching practice from _____ to _____

at the following school: _____
(Name of school)

for the following level of education:

primary level intermediate level advanced level.

She/he completed the (integrated) teaching practice and met the requirements according to module description¹.

Date

School's seal, Signature

¹The teaching practice according to the module description of „Integriertes Schulpraktikum“ takes four weeks and includes the duty to give at least 10 lessons under the guidance of a mentor and to sit in on at least 30 lessons. The rest of the time (approx. 50 lessons) are to be used for orientation in the field of action in school (e.g. attendance at staff meetings or taking part in afternoon care). If the number of lessons falls below the minimum, please give a brief explanation on the back of this document.