## **Early Learning and Development Placement Confirmation Form**

If you need placement assistance check the first line, and complete the first four lines and return. You will be contacted regarding your placement.

\_\_\_\_\_I do not work in a childcare center and need placement assistance.

MIJID Number

Teacher Candidate Name						MUID Number								
		Last			First		MI							
Γelephone ( Area		() Area Code Work Phone												
MERCER En	nail add	ress:												
Center Inforn	nation:	Please	use coi	mplete	name as	s listed o	n DEC	AL We	bsite, i	ncludin	g locat	ion nu	mber i	
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Center Name _														
Center Addres	s													
Center Address Street							City.					Zip Code		
Center Phone Number						Cent	_ Center Hours From				to			
Center County														
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Cooperating 1	Directo	r/Admi	inistrat	or Info	rmation	1								
Name														
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Student Pract	icum S	cneaui	e : Hig	niignt i	ne days	and tim	<u>ies you v</u>	viii be (	compie	ting th	e Praci	icum a	ssignn	
	6:00	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00	
Monday	1													
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Wednesday	1					ļ		ļ		ļ				
Thursday														
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Feacher Candidate Signature										Data				
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Center Direct	or/Adn	nin Sig	nature								Date			
		Date												

Attach a copy of the center/school calendar showing holidays, work days, field trips, etc.