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## POTENTIAL PRACTICUM ADVISOR PROFILE FORM

Date:	First Name:		Surname:		
Address:			City/Town:		
Postal Code:	Email:			Fax:	
Home Phone:		Cell Phone:		Alternate Phone:	
Indicate the Sch	ool Division in whichyou	live:			
assignments are	made, they can be take	n into consideratio	n.	perience, and preferences so when no more than one, PLEASE NUMBER	
	er of preference):				
2. I would pref	er to be assigned about_	(indicate #)	teacher candidates.		
3. 🗌 I would pr	efer to be assigned to the	e following school(s)	):		

I have no preference which schools I am assigned.

4.	I can work in Rural Manitoba, specifically, the following town/communities:
5.	Languages of instruction in which I could comfortably supervise a teacher candidate ( <i>Check all that apply</i> ):
	English French Spanish Japanese Mandarin German Ukrainian Hebrew
	ASL (American Sign Lang.) Indigenous (specify): Other (specify):
6.	I am a specialist in:
	Phys. Ed
	Music (specify): Early/Middle YearsSenior ChoralSenior Instrumental
7.	Other relevant information, special requests, etc.

Return by email: <a href="mailto:practicum.education@umanitoba.ca">practicum.education@umanitoba.ca</a>