

Sender
(practice institution)

Katholische Hochschule für Sozialwesen Berlin (KHSB)
Praxisreferat
Köpenicker Allee 39-57
10318 Berlin

Practical Placement Certificate

BA Course of Studies

- Early Childhood Education
- Inclusive Education
- Social Work

Mr/Ms: _____ Date of Birth: _____

Address: _____

Matriculation No.: _____

We hereby certify that Mr/Ms _____

successfully completed a practical placement of the necessary length as part of their course of studies in accordance with §6, Para. 1-4 of the KHSB regulations regarding practical placements

in the summer semester of _____ from _____ to _____ in our institution.

Our institution is _____
Please give a short description of your establishment

We provide _____
Please give a short description of the services your establishment provides

The tasks / activities carried out by Mr / Ms _____

included _____
Please enter the activities / tasks carried out

At the end of the placement, I worked with the student on an evaluation of the placement based upon the practical placement report.

Place/ Date

Mentor's Signature

Institution Stamp