



Individual Placement Plan¹

BA Course of Studies

- Early Childhood Education
Inclusive Education
Social Work

Mr/ Ms _____ Matriculation No.: _____

will complete a practical placement in accordance with § 6 of the PraxO-BA

from _____ to _____

at the following institution:

(please include address, telephone number /email address)

Mr/ Ms

(please include qualification)

is a suitably qualified member of staff in accordance with § 2 der PraxO-BA and will act as a mentor for the duration of the placement

Meetings with the mentor shall take place _____
(when, how often)

Please do use a separate sheet to point out the learning aims, content to be learned and learning tasks during the practical placement

Place, Date

Signature: **Student on the practical placement**

Signature: **Mentor** and Stamp

¹ In accordance with § 4 of PraxO-BA