



## 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 §5 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