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## Participatory Certificate – Practical Experience

### Bachelors of Arts

- Early Childhood Education   
Inclusive Education   
Social Work

Mr./Mrs.: \_\_\_\_\_ date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Matr.-Nr.: \_\_\_\_\_

**This certifies**, that Mr./Mrs.: \_\_\_\_\_ completed the **seminar**  
**accompanying the practical placement** according to § 6 of the current practical experience  
guidelines of the KHSB

**in the Summer Semester of:** \_\_\_\_\_

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Location/Date

Signature of Lecturer