

Please submit completed form to SoE@tru.ca

Student's Name:	Student #:
Name of Licensed Center:	Phone #:
Address:	
Name of Certified Early Childhood Educator:	

\*Volunteer and/or work experience period must be a minimum twenty-five (25) hours in total\*

Dates	Times
	TOTAL HOURS

## <u>Student Section – Work Experience Form</u>

\*\*Information regarding 25 hours of volunteer time to be completed by the student \*\*

List activities/programs that you observed:

Your responsibilities while volunteering:

Guidance strategies you observed being utilized:

Additional Comments:

Include any new information on young children you may have acquired recently:

Student's Signature