**Praxisnachweis**

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| („X“ eingeben) Wintersemester | **❑** | Sommersemester | **❑** | Jahrgang | | |  |
|  |  | | | | | z.B. 2KBF | |
| Name |  | | | | | | |
|  |  | | | | | | |
| Praxislehrer:in |  | | | | | | |
|  |  | | | | | | |
| **Arbeitsplatz/Praxisplatz** |  | | | | | | |
|  |  | | | | | | |
| Bezeichnung/Name |  | | | | | | |
|  |  | | | | | | |
| Telefonnummer |  | | | | | | |
|  |  | | | | | | |
| Adresse |  | | | | | | |
|  |  | | | | | | |
| **geleistete Praxisstunden** | bitte mit X ankreuzen: **❑ Berufstätig ❑ Praktikum**  **Geleistete Gesamtstunden im Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_**  (Es werden max. 100 Stunden angerechnet) | | | | | | |
| **Bestätigung der Einrichtungsleitung** | | | | | | | |
| Datum |  | | | |
|  |  | | | |
| Name in Blockbuchstaben |  | | | |
|  |  | | | |
| Unterschrift |  | | | |

**Nachweis des Praxismentoring**

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| **Praxismentor:in** |  |
|  |  |
| Name |  |
|  |  |
| Telefonnummer |  |
|  |  |
| Adresse |  |
|  |  |
| Bank |  |
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| IBAN | **AT \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** |
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| Zahl | Datum | **Art und Umfang der Praxisbegleitung**  (Begleitung, Beobachtung, Gespräch Thema in Stichworten) | | | Zeitdauer |
|  |  |  | | |  |
| 1 |  |  | | |  |
| 2 |  |  | | |  |
| 3 |  |  | | |  |
| 4 |  |  | | |  |
| 5 |  |  | | |  |
| 6 |  |  | | |  |
| 7 |  |  | | |  |
| 8 |  |  | | |  |
| 9 |  |  | | |  |
| 10 |  |  | | |  |
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| Datum | |  | Datum |  | |

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| Unterschrift  Praxismentor:in | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Unterschrift  Praktikant:in | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |