

## Katholische Hochschule für Sozialwesen Berlin

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**Staatl. anerk. Hochschule für angewandte Wissenschaften** *Catholic University of Applied Sciences* 

**Institution Stamp** 

## **Practical Placement Certificate**

## **BA Course of Studies** □ Early Childhood Education □ Inclusive Education □ Social Work Students name: Date of Birth: Address: Matriculation No.:\_\_\_\_\_ We hereby certify that student 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 (name) \_\_\_\_\_ 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 plan.

Mentor's Signature

Place/ Date