Confirmation of completing assistant practice

|  |  |  |
| --- | --- | --- |
|  SZ6655 Practice Teaching Assistant - Assisting SZ6636 Practice Teaching Assistant - Assisting**Name and surname of student, učo: ...........................................................................................** |  |  |
| **Name of school/institution: ………………………………………………………………………****Address of school/ institution: ………………………………………………………………………** |

 Number of hours of practice is 40 hours

**Date:**

**Signature and stamp of institution:**