**Community Grounded Praxis Proposal Contract**

(*Non-Superintendent* *Certification* Students)

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** | **Location of Practicum:** | **Faculty Name:** | **Mentor Name/Email:** |
| **Instructions:** Students must complete this form and submit to praxis faculty at the beginning of Praxis year (Summer quarter). Insert additional lines or use additional sheets as needed. | | | |

**ESTIMATED TOTAL HOURS (Summer – Spring Quarter):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Learning Goal #1: Model Community Grounded Approaches:**  Model reciprocal methods of collectivity - within and across institutions and movements - toward sustainable community grounded approaches. | | | |
| **ESTIMATED HOURS** | **PLANNED ACTIVITY** | | **COMMENTS BY FACULTY** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Student Learning Goal #2: Integrate Ancestral Knowledge:**  Integrate intergenerational ways of knowing to engage with complex problems of practice | | | |
| **ESTIMATED HOURS** | **PLANNED ACTIVITY** | | **COMMENTS BY FACULTY** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Student Learning Goal #3:** **Apply Relational Learning:**  Apply reflexive and dialogic practices to create, implement, and evaluate relational learning environments that affirm learner-centered engagement | | | |
| **ESTIMATED HOURS** | **PLANNED ACTIVITY** | **COMMENTS BY FACULTY** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Student Learning Goal #4: Disrupt and Dismantle:**  Demonstrate personal and professional de-colonial praxis that disrupts and dismantles systemic intersectional violence within institutions and communities. | | | |
| **ESTIMATED HOURS** | **PLANNED ACTIVITY** | **COMMENTS BY FACULTY** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Student Learning Goal #5: Foster Healing:**  Foster compassionate spaces for self and those we interact with to be holistically, authentically human. | | | |
| **ESTIMATED HOURS** | **PLANNED ACTIVITY** | **COMMENTS BY FACULTY** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**Signatures indicate approval of this plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  |  |  |
|  | Print | Signature | Date |
| **Mentor:** |  |  |  |
|  | Print | Signature | Date |
| **Faculty Name:** |  |  |  |
|  | Print | Signature | Date |