Field Experience Student Information Form

Please note:
• Students should complete an appropriate Field Experience Placement Student Information Form for EACH class they are enrolled in that has a field experience component and submit it to the course instructor.
• All field experience placements are coordinated within a 40 mile radius of Graves Hall.
• All field experience placements are made within the typical school day (7:30 am – 3:15 pm).
• Before students can report to their assigned field experience placement, they MUST have a Letter of Suitability OR verification of a background check and clearance on file with Student Services in 104 Carmichael.
• Students who have not purchased LiveText and added the FEM (Field Experience Management Module) will need to do so before a placement is confirmed for them. Register your Crimson email account in LiveText.

PLEASE PRINT

Full Name (as it appears on course roster): __________________________
CWID: __________________________
Crimson Email Address: __________________________

Area(s) of Certification / Major (select one):

☐ Elementary & Early Childhood Education
☐ Music Ed – Choral
☐ Music Ed – Instrumental
☐ Physical Education (teaching certification)
☐ Performance Science (non-teaching certification)
☐ Collaborative Special Ed (K-6)
☐ Collaborative Special Ed (K-12)
☐ Early Childhood & Early Childhood Special Education (P-3)
☐ Foreign Language Language: __________________________
☐ Grade Levels: __________________________
☐ Secondary Ed: Science
☐ Secondary Ed: Social Science
☐ Secondary Ed: English Language Arts
☐ Secondary Ed: Math
☐ Other: __________________________

Indicate Current Status (select one):
☐ Undergraduate
☐ Alternative Certification
☐ Irregular Post Graduate
☐ Traditional Masters
☐ Other: __________________________

Local Street Address (include city & zip code): __________________________

Phone Number (include area code): __________________________

Place of Employment & Phone Number, if applicable: __________________________

Emergency Contact Information: (Name) __________________________
(Phone Number) __________________________ (Relationship) __________________________
Prior Field Experiences (Include School Name, Grade Level, and Subject(s))

Special Request (Remember that the Office of Clinical Experiences is responsible for ensuring that all students have placements in appropriate settings prior to being recommended for certification.)

Indicate **class & work** schedules in the table below. You MUST include all course numbers and meeting times. Once a placement is confirmed, based on the information provided below, all requests must be communicated to the Office of Clinical Experiences by the course instructor.

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