REQUEST FOR CLINICAL EXPERIENCE PLACEMENT

Semester: ________________ Year: ________

Return the completed form to The Office of Clinical Experiences (OCE), 101 Graves Hall, Box 870231, at least 2 1/2 weeks prior to the date you want the students to be placed.

Requests will not be processed unless the following have been submitted with the request:
- Completed “Request for Clinical Experience Placement” form
- Practicum Requirements and Objectives. If an evaluation form is not included The Office of Clinical Experiences will include a standard evaluation form for the assisting teacher to complete and return.
- Completed student information form on EACH student on class roll

Course Information:

Instructor’s Name: __________________________________________________________

Instructor’s office location and phone number: ________________________________

Instructor’s email: _________________________________________________________

Course number and Title: _________________________________________________

Course CRN (required): ___________________________________________________

Course meeting days and times: _____________________________________________

Class meeting location: ___________________________________________________

Placement Information:

Number of hours students are required to complete in school placement: ______________

Requested Start Date of Clinical Placement: _______________ End Date: _______________

Will students be reporting to assigned school during their class meeting time? ________________________

If yes, please specify dates and times the students will be released from class: ______________________

Who will be responsible for supervising the clinical students (if not you, list supervisor’s name and phone number)? ____________________________________________________________

Additional Information (specific school, teacher, and/or grade level request . . . .):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

PLEASE NOTE - If this course is a graduate level course and the student wishes to complete their practicum at their place of employment, you must submit a letter from their building principal with the student’s information form, stating the principal is aware of the practicum requirements and the student has permission to complete their practicum in their own classroom.