

**SPE 300 / SPE 500 Student Information Form (Section: \_\_\_\_\_)**

**Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Please note:

- ALL field placements for SPE 300 / 500 are coordinated by the Office of Clinical Experiences and are made at RISE or CrossingPoints. **All placements at RISE are Mondays through Fridays between the hours of 7:45 am - noon AND 1:30 pm - 2:30 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.

**PLEASE PRINT**

Full Name (as it appears on course roster): \_\_\_\_\_

CWID: \_\_\_\_\_

Crimson Email Address: \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> Elementary & Early Childhood Education           | <input type="checkbox"/> Early Childhood & Early Childhood Special Education (P-3)  |
| <input type="checkbox"/> Music Ed – Choral                                | <input type="checkbox"/> Foreign Language<br>Language: _____<br>Grade Levels: _____ |
| <input type="checkbox"/> Music Ed – Instrumental                          | <input type="checkbox"/> Secondary Ed: Science                                      |
| <input type="checkbox"/> Physical Education (teaching certification)      | <input type="checkbox"/> Secondary Ed: Social Science                               |
| <input type="checkbox"/> Performance Science (non-teaching certification) | <input type="checkbox"/> Secondary Ed: English Language Arts                        |
| <input type="checkbox"/> Collaborative Special Ed (K-6)                   | <input type="checkbox"/> Secondary Ed: Math   |
| <input type="checkbox"/> Collaborative Special Ed (K-12)                  |   |

Other: \_\_\_\_\_

**Indicate Current Status**

(select one):

- |  |  |
|--|--|
| <input type="checkbox"/> Undergraduate             | <input type="checkbox"/> Traditional Masters |
| <input type="checkbox"/> Alternative Certification | Other: _____                                 |
| <input type="checkbox"/> Irregular Post Graduate   |  |

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) \_\_\_\_\_

**NOTE:** Please 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.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
For example: CSE 489 (8:00-9:50)	For example: EN 300 (9:30-10:45)	For example: CSE 489 (8:00-9:50)	For example: EN 300 (9:30-10:45)	For example: CSE 489 (8:00-9:50)
For example: BER 450 (1:00-2:15)		For example: BER 450 (4:00-5:15)		For example: Work (1:00-6:00)
For example: CSE 479 (5:00-7:50)		For example: CRD 412 (5:30-8:20)		
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>