

**ELEMENTARY PROFESSIONAL  
STUDENT DATA**

Attach picture  
(glue or tape,  
do not staple)  
No larger than  
2" x 2"

Please submit form to [educlinicaloffice@ua.edu](mailto:educlinicaloffice@ua.edu).

**(PLEASE PRINT)**

Name (on class roll): \_\_\_\_\_

Name (you wish to be called, if different from class roll): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Phone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Local Phone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Student Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Previous Field Experiences (working with children-not observations):**

**Other:** \_\_\_\_\_  
School Grade Level

**Other:** \_\_\_\_\_  
School Grade Level

**Other:** \_\_\_\_\_  
School Grade Level

**Other:** \_\_\_\_\_  
School Grade Level

**AUTOBIOGRAPHY:** Please write a brief autobiography below. It need not be in chronological order or provide complete coverage of your life. We would like to know some of the facts and feelings that would better help your supervisor and cooperating teacher guide your progress as we assist you in your educational experience.