

Course & Section Number: _____

Instructor: _____

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):

- | | |
|---|---|
| <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
Language: _____
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) _____

Prior Field Experiences (Include School Name, Grade Level, and Subject(s))

Documented Request (Department Approval, Exceptions Board Approval, Medical, UA Office of Disability Services, Student Care and Well-Being). Please attach documentation

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.

Monday	Tuesday	Wednesday	Thursday	Friday
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)		
Monday	Tuesday	Wednesday	Thursday	Friday