

EDUC 342
Pre-Student Teaching Clinical II
Application for a Pre-Student Teaching Assignment

All Applications MUST include copies of CURRENT Act 34, 114, 151 Clearances, TB Test, and Liability Insurance

_____ @ _____
Major Banner No.

_____ () _____
Last Name First Name M.I. Home Phone #

_____ City State Zip
Home Address

_____ Campus Phone E-Mail Address
Campus Address

School District from which you graduated: _____

School District(s) were you have been or are currently employed: _____

School District(s) were you have any relatives employed or children enrolled: _____

Admission to Step I Date: _____ EDUC 242 School Placement: _____

School District Requested: 1. _____ 2. _____

Name/Building of School Requesting: 1. _____ 2. _____

County: _____ Town/City: _____

Specify a grade level for an elementary choice or grade and subject for a secondary choice:

Elementary: Grade level (Circle One) Primary / Intermediate

Secondary: Grade level (Circle One) Jr. High / Sr. High Subject Area _____

Name of the cooperating teacher you would like to work with (if known) _____

I plan to complete this Pre-Student Teaching experience during: (Check One)

| | | | |
|------|----------------------|--------|---|
| FALL | _____ Fall Semester | SPRING | _____ Spring Semester |
| | _____ Semester Break | | _____ Spring Break |
| | | | _____ End of Spring Semester |
| | | | <i>(Prior to the last 2 full weeks of the calendar year for the district)</i> |

_____ Students Signature _____ Date

_____ Instructor's Signature _____ Date

It will be the student's responsibility to check with their instructor for approval or rejection of the requested assignment. Students should NOT contact schools or teachers for placements. DO NOT request the school district from which you graduated. Instructors may have suggestions for teachers to observe.