MAT Student Field Placement Request

**I. Student Information**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ On Campus ☐ Off Campus

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@rams.shepherd.edu EDUC\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Current Semester**

 *Please indicate which of the following course(s) you’re currently enrolled in:*

 \_\_\_ EDUC 582 Learning in Contexts \_\_\_ EDUC 585 Content Pedagogy

 \_\_\_ EDUC 583 Planning, Conducting, and Assessing Instruction \_\_\_ EDUC 586 Literacy Acquisition and Developmental Reading

 \_\_\_ EDUC 584 Classroom Ecology \_\_\_ EDUC 587 Diagnosing and Correcting Reading Difficulties

**II. Program Information**

\_\_\_ Art Education, P-A \_\_\_ English Education, 5-A \_\_\_ Mathematics Education, 5-A

\_\_\_ Biology Education, 9-A \_\_\_ Family & Consumer Science, 5-A \_\_\_ Physical Education, P-A

\_\_\_ Chemistry Education, 9-A \_\_\_ General Science, 5-A \_\_\_ Social Studies, 5-A

\_\_\_ Elementary Education, K-6 \_\_\_ Health Education, 5-A (only with Phys. Ed.) \_\_\_ Spanish Education, 5-A

**III. Previous Field Experiences**

*Please provide course number, name of public school, grade level, and name of host teacher.*

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV: Personal Information**

1. High School Graduate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you employed in any capacity by any school system? ☐ Yes ☐ No

 If yes, please identify district/school(s)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Role: ☐ Full-time teacher ☐ Long-term substitute teacher

 Do you have a valid First-Class Teaching Permit? ☐ Yes ☐ No

3. Do you have any relatives employed by any local school system? ☐ Yes ☐ No

 If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any relatives attending school in any local school system? ☐ Yes ☐ No

 If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Agreements**

*All statements must be checked and students must sign below for request to be processed.*

☐ I understand that I am not permitted to contact any school(s) to make my own arrangements, under any circumstances, even if I have a friend or family contact in the school system.

☐ I understand that I may be placed in any partner school for my field placement. Placements cannot be guaranteed based on preferences or special requests.

 ☐ I understand that my field placement will not be changed once it is confirmed by the school system. An exception is to a request by the school system; if any change is made students will be notified.

☐ I understand that I am responsible for providing my own transportation to the assigned school.

\_\_ I do not have my own transportation. I understand that a placement within walking distance will be requested but cannot be guaranteed.

☐ I understand that I must have proof of a current TB test prior to reporting to any assigned school for field experience.

☐ I understand that I am responsible for obtaining teacher contact information after I have receiving a confirmed field placement.

☐ I understand that I must fulfill all scheduled hours of my field experience.

☐ I understand that I am responsible for contacting my instructor and the field placement coordinator (hbaker@shepherd.edu) immediately should I no longer need a field placement.

☐ I understand that I may not complete field experience at a school where my family members and or relatives are currently attending or employed or in any capacity.

☐ I understand that I must be under the supervision of a licensed teacher at all times while in the assigned classroom.

☐ I understand that my field experience must be completed in the area in which I am seeking certification.

☐ I have read & understand the conditions & consequences of voluntary withdrawal and involuntary withdrawal procedures as found in the Shepherd University Teacher Education Program Practicum Manual.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_