



Student Teaching Information for Public School Use
Eastern Illinois University

Department of Student Teaching and Clinical Experiences
600 Lincoln Avenue Charleston, IL 61920

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www.eiu.edu/~clinical

Last Name

First Name

MI

Permanent Street Address

City

State

zip code

Phone number, including area code

email address

High School from which you graduated

E# _____

Certification Area *Check and fill in all that apply*

Early Childhood - Child and Family Studies Option

Early Childhood - Special Education Option

Elementary Education – General Option Concentration

Concentration

Middle School Endorsement

Elementary Education – Middle School Option _____

Subject Matter Endorsement

List any experience(s) in working with school age children and students (tutoring, summer camps, Jr. Block, etc.).

List any extra-curricular activities (High School and/or College).

Give your reasons for wanting to become a member of the teaching profession.

