



PERSONAL INFORMATION _____ Fall 2010 _____ Spring 2011

 Last Name First Name MI

 University Address

 Permanent Address City State/Zip

 Local Phone Permanent Phone

 EIU email address

Assignment Information

Early Childhood - Child and Family Studies Option

Early Childhood - Special Education Option

Elementary Education - (Check Preferred grade level)
 Primary (K-2) Intermediate (3-6)

Concentration **Middle School Endorsement**

Elementary Education – Middle School Option

Subject Matter Endorsement

It is the policy of the Department of Student Teaching that students are not placed in school districts where they graduated, have relatives attending, have been employed, or where relatives are/have been employed. All required tests must be passed by the end of the semester prior to student teaching. A current TB test and FBI Fingerprint Check must be on file prior to beginning student teaching.

 Student's Signature Date

PLACEMENT INFORMATION (Coordinator completes this side)

 School District Name and Number (first placement)

 School Name

 School Address City State/Zip

 School phone (incl. area code) Principal's Name

 Cooperating Teacher's Name

 Subject/Grade Date assignment begins Number weeks
 _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _ *

 School District Name and Number (second placement)

 School Name

 School Address City State/Zip

 School phone (incl. area code) Principal's Name

 Cooperating Teacher's Name

 Subject/Grade Date assignment begins Number weeks

 EIU Coordinator's Signature