UW-L University of Wisconsin - La Crosse School of Education

FIELD EXPERIENCE INFORMATION

Date: _____ Semester: ☐ Fall ☐ Spring Year: _____ Advisor: _____

Course Number: _____ Section Number: _____ Instructor: _____

Legal Name: _____
(First) (MI) (Last) (Previous Names-if applicable)

ID Number: _____ Status: ☐ Undergraduate ☐ Graduate

Licensure: ☐ EC-MC ☐ MC-EA ☐ EA-A ☐ EC-A

Major(s): _____ Minor(s)/Emphasis: _____

School E-mail: _____ Alternate E-mail: _____

Local Phone Number: _____ Permanent Phone Number: _____

Local Address: (street, city, state, zip) _____

Permanent Address: (street, city, state, zip) _____

List Previous Clinical and Field Experiences				
Semester/Year	Course	School	Grade/Subject	Teacher

Do you have other field experiences this semester? ☐ Yes ☐ No If yes, where? _____

Do you have a car? ☐ Yes ☐ No If yes, are you willing to have someone ride with you? ☐ Yes ☐ No

Where did you graduate from high school? (school, city, state) _____

Do you have relatives working in any local schools? ☐ Yes ☐ No If yes, where? _____

Would you object to placement in a private or religious school? ☐ Yes ☐ No

Are there any special considerations or accommodations needed? _____

Preferred clinical schedule (days/times): First Choice: _____ Second Choice: _____

Preferred grade level(s): _____ Preferred location: _____

List classes AND times for upcoming semester in order from earliest to latest *Please inform instructor of schedule changes immediately					
Course Number	Monday	Tuesday	Wednesday	Thursday	Friday