

APPLICATION FOR STUDENT TEACHING OR PRACTICUM EXPERIENCE

Applications must be turned in on Application Day. Check for the exact due dates on our bulletin board or on our website at www.uwlax.edu/soe/field.

Please type:

Name: _____ UW-L ID #: _____

Local Address: _____
Street City State Zip

Local Phone: _____ Permanent Phone: _____

Permanent Address: _____
Street City State Zip

Local address/phone valid through: _____ Permanent address/phone valid through: _____

Email Address: _____

Semester/Year of Proposed Fieldwork: _____

LIST LICENSE AREA(S) IN WHICH YOU WILL STUDENT TEACH or complete a practicum for the semester named above. **ONLY INCLUDE THE MAJORS AND MINORS FOR WHICH YOU ARE SEEKING CERTIFICATION.**

Please note: Physical, Early Childhood and Special Education students will be required to complete a second application form (one for student teaching in your minor and one for regular student teaching).

Level	Major/Minor	Area of Certification (please name, e.g. Spanish)
<input type="checkbox"/> EC-MC <input type="checkbox"/> EA-A <input type="checkbox"/> MC-EA <input type="checkbox"/> EC-A	<input type="checkbox"/> Major <input type="checkbox"/> Minor	
<input type="checkbox"/> EC-MC <input type="checkbox"/> EA-A <input type="checkbox"/> MC-EA <input type="checkbox"/> EC-A	<input type="checkbox"/> Major <input type="checkbox"/> Minor	
<input type="checkbox"/> EC-MC <input type="checkbox"/> EA-A <input type="checkbox"/> MC-EA <input type="checkbox"/> EC-A	<input type="checkbox"/> Major <input type="checkbox"/> Minor	
<input type="checkbox"/> EC-MC <input type="checkbox"/> EA-A <input type="checkbox"/> MC-EA <input type="checkbox"/> EC-A	<input type="checkbox"/> Major <input type="checkbox"/> Minor	

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LIST CLINICAL FIELD EXPERIENCE PLACEMENTS:

Please note: Working teachers completing an additional certification should name their place of employment on the first line. Students: Please note your anticipated placement(s) with an * (asterisk).

<u>Semester</u>	<u>Grade Level – Subject</u>	<u>Site</u>	<u>Cooperating Teacher</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

If applicable, name completed student teaching or practicum fieldwork experience/semester (e.g. ECE/spr '09; EA 6-9 Cert/fall '08):

PLACEMENT PREFERENCES

Refer to the Fieldwork Handbook for the placement policy (see the Office of Field Experience website).

Please answer a number of questions about placement preferences below. Understand that these are preferences only; *preferred sites are not guaranteed.*

Location Preference: Local Area Milwaukee School District

Are private or parochial sites acceptable to you? Yes No

Local Area District Preference:

What school districts within a 50-mile radius of La Crosse would you prefer for your student teaching/practicum? List your preferences in order.

1. _____ 2. _____ 3. _____

Did you attend any schools in the above named districts? Yes No

If so, which school(s)? _____

Do you have any relatives employed in the above named districts? Yes No

If yes, please explain: _____

What are the names of the high school and the school district where you graduated?

List your student teaching grade preference (with certification requirements in mind): _____ or _____

List any additional concerns or preferences here:

Are you in the internship pool (or is an application in process)? Yes No

If you have secured an internship, please name it: _____

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I verify the accuracy of this information and grant its release to appropriate entities only.

Signature _____ **Date** _____