MAT Student Field Placement Request

1. Student Information

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

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

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

Please select each of the following courses you are enrolled in this semester:

\_\_\_\_\_ 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

1. Program Information

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

\_\_\_\_\_ Biology Education, 9-Adult \_\_\_\_\_ Family and Consumer Sciences Education, 5-Adult \_\_\_\_\_ Physical Education, P-Adult

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

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

1. Previous Field Experiences

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

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

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

1. Personal Information
2. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently working as a: ☐ Full-time teacher ☐ Long-term substitute teacher (length of current assignment: \_\_\_\_\_\_\_)

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 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 local school for my field placement. Placements cannot be guaranteed based on preferences or special requests.

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

☐ I understand that I am responsible for obtaining the contact information for an assigned teacher after I have received an assignment for 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 my field experience at a school where I currently or have previously worked in any capacity.

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

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

☐ I understand that if I am placed at one school to complete field experience hours for multiple courses, I must complete the assigned hours for **each** course independently and provide required documentation for all required hours.

☐ I have read & understand the conditions & consequences of VOLUNTARY WITHDRAWAL and INVOLUNTARY WITHDRAWAL from a field experience. (SEE REVERSE) 11/2014