

## Education Field Experience Scheduling Form (All Licensure Programs)

Your Name	Placement is for	___ EDUC 300.20 (PK-5 or K-12 IS)
E-mail	___ EDUC 300.5 (PK-5 or K-12 IS)	___ EDUC 349 (5-8)
Cell Phone	___ EDUC 300.18 (PK-5, 5-8, PK-5 IS)	___ EDUC 369
Which Licensure Program? ___ Elementary (PK-5) ___ Inclusive Elem.(Dual) ___ Middle Childhood ___ Special Education (K-12) ___ Adolescent Young Adult ___ Multiage		
Do you have transportation? ___ Yes ___ No	If you have transportation, are you willing to take a rider to your field experience? ___ Yes ___ No	
Are you admitted to the education program (select) fully provisionally not yet applied; applying ___(sem., yr.)		
Middle Childhood: Preferred Grade Level Student Teaching: ___5 ___6 ___7 ___8		

Please fill in ONLY your class schedule below. Indicate times that may change (e.g., a waitlisted class).

**Work and other non-class responsibilities must be scheduled around your field placement.**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00-9:00</b>					
<b>9:00-10:00</b>					
<b>10:00-11:00</b>					
<b>11:00-12:00</b>					
<b>12:00-1:00</b>					
<b>1:00-2:00</b>					
<b>2:00-3:00</b>					
<b>3:00-4:00</b>					

**Please list your previous field experiences, as applicable.**

	School	Teacher	Grade Level
<b>EDUC 100.8</b>			
<b>EDUC 110</b>			
<b>EDUC 251</b>			
<b>EDUC 300.18</b>			

Share other interests, experiences, or information relative to your placement here: