FIELD EXPERIENCE APPLICATION
(Only 1 Application per Student)

First Name_________________ Last Name_________________ Student ID# __________________

ASU E-Mail_________________ Phone __________________

Check Courses Currently Enrolled In:

_____ ED 2302  Professor: ______________
_____ ED 4321  Professor: ______________
_____ ED 4322  Professor: ______________
_____ RDG 4320  Professor: ______________
_____ ECH 3350  Professor: ______________
_____ ECH 4350  Professor: ______________
_____ SPED 2361  Professor: ______________
_____ SPED 3360  Professor: ______________
_____ SPED 3364  Professor: ______________
_____ SPED 3365  Professor: ______________

☐ Please check here if you will do a self-placement outside of SAISD.

* If you wish to do your field experience outside of SAISD, contact the principal & have them e-mail the Field Experience Advisor, lherron@angelo.edu, granting you permission before the deadline.

Certification Level: (REQUIRED Check One)

_____ EC-6 GEN
_____ EC-6 w Special Ed
_____ 4-8 GEN
_____ 4-8 Teaching Field ____________
_____ 7-12 Teaching Field ____________
_____ All Level Music ( Choir Band Orchestra)
_____ All Level Kinesiology (Minor ____________ )
_____ All Level Art
_____ All Level Modern Language (Language ____________ )

Days Available to Observe (check all that apply), then add in the times you are available to observe (8:00-10:00, 1:00-3:00, etc).

_____ Monday: Times Available: ____________________________
_____ Tuesday: Times Available: ____________________________
_____ Wednesday: Times Available: __________________________
_____ Thursday: Times Available: ___________________________
_____ Friday: Times Available: ____________________________

Do you have access to transportation? _____Yes _____No

Any special circumstances that need to be considered when making your field placement?
Submit to the EPI Center in CARR 287