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 3335 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