



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, herron@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

