



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

