

Education Field Experience Scheduling Form (EC & IS)

Your Name	Placement is for	___ EDUC 300.7 (K-3 IS)
E-mail	___ EDUC 329 (Prek-3)	___ EDUC 300.11 (4-12 IS)
Cell Phone	___ EDUC 300.5 (K-12 IS)	___ EDUC 339 (4-5)
Are you or do you plan to be in the IS (special ed.) program? ___ Yes, IS major ___ Yes, EC & IS dual ___ No		
Are you interested in a special education placement (regardless of licensure)? ___ Yes ___ No		
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.)		

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
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					

Please list your previous field experiences, as applicable.

	School	Teacher	Grade Level
EDUC 105			
EDUC 110			
EDUC 251			
EDUC 329			

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