STUDENT INFORMATION FORM (EDAD 834 & 835 & 845) (PLEASE PRINT)

Check one please: ❑ Practicum I ❑Practicum II

STUDENT NAME (Ms./Mr./Dr./_____
Circle one

HOME ADDRESS _____

_____ _____ _____
CITY STATE ZIP CODE

HOME PHONE NUMBER (_____)_____ - _____ PRESENT POSITION _____
Area Code

EMAIL NUMBER: _____

LOCATION OF PRACTICUM:

District Name and Number _____

School for Practicum Location: _____

Practicum School's Address: _____

_____ _____
City Zip Code

Practicum School's Telephone #: (___) _____ -_____
Area Code

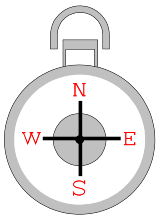
Practicum Supervising Administrator's Name at the above school: _____

Does this practicum supervisor have the mandatory Type 75 Endorsement? ❑ YES ❑ NO

Practicum Supervising Administrator's Position: _____

Practicum Supervising Administrator's Office Telephone #: _____ - _____
Area Code

Practicum Supervising Administrator's Email Address:_____

Please draw a map below, ***not merely list directions.***

1. Place north at the **top** of the map.
2.. Be sure to show your school in relation to major intersections.
3. Indicate approximate distances between main thoroughfares
4. Please do not simply refer to a friend's map