**\*\*\*This form should be type, printed, signed, and dated.\*\*\***

**NAME (first middle last)**

**Email address**

**Address of your residence during the student teaching semester**

**Please remember that including the information below will be used in establishing your placement but these are just requests and CANNOT be guaranteed.** School placements for student teaching will be made by the Coordinator of Student Teaching.

**Complete the following table for your PAST and CURRENT placements. All information must be present.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **School District** | **School Placement** | **Cooperating Teacher** | **Grade Level AND Subjects** |
| EDUC 746 30 hrs.  K-6 |  |  |  |  |
| EDUC 764 30 hrs. 7-12 |  |  |  |  |
| PSY 664 OR EDUC 639 30 hrs. |  |  |  |  |

NOTE: If you are requesting to be placed in FSD3, Marion, Horry or Darlington school districts, you will be required to complete their additional application requirements as well.

**List school(s) where you have close relatives. Identify their relationship to you, and their position, if applicable. (This also includes your children, if applicable.)**

**Within your area of major, do you have a preference of grade level? If so, please list two of your preferred grade levels.**

**Please provide any ADDITIONAL information that may be pertinent to your placement request.**

NOTE: Answer each question below.  If it does not apply to you, type N/A.

**In what school district and/or county are you located?**                                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are employed or under contract within a school district, in what school are you working?**

**Provide a phone number for the school:**

**If employed within a school/school district, what is your current job position (if a teacher's assistant, include classroom/grade level/subject area)?**

**If you have a *suggestion* for a specific placement, please provide ALL of the following:**

**School District**                                                                       

**School**                                                             \_\_\_\_\_\_\_\_\_\_\_\_

**Name and email of Cooperating Teacher**                                                                            \_\_\_\_\_

**Grade level/Content area**                                                 \_\_\_\_\_\_\_\_

**Name and email of school administrator**                                                 \_\_\_\_\_\_\_\_\_\_

*Please remember that the placement MUST be completed with a certified LD teacher with at least three years of teaching experience.*

**Please sign your name indicating that you have read and understand the information posted on News and Announcements and within this document.**

**Signature Date**