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

**NAME (first middle last)**

**Email address**

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

You MUST Read the updated information found in News and Announcement ***(***[**http://www.fmarion.edu/academics/news\_and\_announcements**](http://www.fmarion.edu/academics/news_and_announcements)**) BEFORE** completing and submitting your application and placement request.  You will be held accountable for all of the policies and procedures outlined there.

**Please remember that 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 Clinical Placement Coordinator. It is not appropriate to initiate or discuss a placement with anyone other than the Clinical Placement Coordinator.

**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 74630 hrs. K-6 |  |   |   |   |
| EDUC 764 30 hrs.7-12 |  |   |   |   |
| PSY664 OREDUC639 30 hrs. |  |   |   |   |

NOTE: If you are placed in FSD3, Marion, or Darlington school districts, you will be required to complete their additional application requirements during your first week on campus in your student teaching semester. This will be provided to you by the Clinical Placement Coordinator. \*If you request Horry County, you should have already completed a portion of their requirements that were sent to you by the Clinical Placement Coordinator. For Spring requests, this was due October 1st. For Fall requests, it was due April 1st.

**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 or setting (SC, Resource)? If so, please list two of your preferred grade levels and preferred setting. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer each question.  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. You understand the request cannot be guaranteed.**

 **Date**