

Single Subject
EHD 155B Student Teaching
Field Placement Form

Semester _____
Semester/Year _____

Student Information

Last Name _____ First Name _____ Former Name (If applicable) _____ Student ID _____

Current Mailing Address _____ Email Address _____ @mail.fresnostate.edu _____ Cellphone Number _____

Single Subject Area _____ Music: Instrumental Choral

Subject Emphasis Area (Science Only) _____

Field Placement Information

EHD 155A Placement: District _____ School _____ Master Teacher _____ Grade _____ (Freshman-Senior)

EHD 155B Unit Request: EHD 155B (1st Semester 5 units and 2nd Semester 5 units) or EHD 155B (One Semester 10 units)

Teacher candidates cannot be assigned to schools where their children attend or where family members are employed. Please provide the family member's school site: _____

Final Student Teaching Information

- All teacher candidates must:
 - have passed all sections of CBEST
 - have met Subject Matter Competency
 - have a valid Certificate of Clearance
 - complete credential coursework with a GPA of 3.0 (no grade lower than a "C").
 - attend an orientation held at the beginning of the semester. *Details will be emailed to you prior to the beginning of the semester.*
- No more than two courses may be taken concurrently with Final Student Teaching.
- Placements will be coordinated just prior to the beginning of the semester.
 - Some placement options will fill quickly and it may not be possible to accommodate specific requests for assignments.
 - Location requests are considered but not guaranteed.
 - Placements are made exclusively by the Office of Professional Field Experiences and must adhere to state mandates.

Teacher Candidate's Signature _____ Date _____

To be Completed by the Academic Subject Area Advisor:

Has the student established Subject Matter Competency?

- Yes: Indicate Method Used: CSET or Coursework
- No: Indicate how will student qualify? _____

Complete additional department subject matter competency assessment(s): _____

Course(s)	Planned Semester of Enrollment

Academic Adviser's Recommended Placement: District: _____ School: _____ Master Teacher _____

Academic Advisor's Signature _____ Date _____

For Office Use Only

Credential Program Admissions Analyst _____ Date _____

<input type="checkbox"/> GPA 3.0 <input type="checkbox"/> COC CBEST: R _____ M _____ W _____ Subject Matter: <input type="checkbox"/> Coursework <input type="checkbox"/> Exam <input type="checkbox"/> Constitution	Supervisor: _____ Master Teacher: _____ School: _____ Grade: _____
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