

Education Specialist Final Practicum
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 _____

Practicum Information

I plan to register for: SPED 175: Mild/Moderate Final Practicum SPED 176: Moderate/Severe Final Practicum

Intern/Current Teaching Position:

District _____ School _____ Grade/Setting Type _____ (RSP, SDC, other)

I need a placement (complete the following)

Grade range preference for practicum placement: Primary K-3 Intermediate 4-8 Secondary 9-12

District request: 1st Choice _____ 2nd Choice _____

Type of Setting (RSP, SDC, other): _____

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: _____

Complete for all Previous Placement(s):

Phase 1: District _____ School _____ Grade _____ Setting Type _____ (RSP, SDC, other)

Phase 2: District _____ School _____ Grade _____ Setting Type _____ (RSP, SDC, other)

Phase 3: District _____ School _____ Grade _____ Setting Type _____ (RSP, SDC, other)

Final Student Teaching Information

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

Teacher Candidate's Signature _____ Date _____

For Office Use Only

Credential Program Admissions Analyst _____ Date _____

<input type="checkbox"/> GPA 3.0	<input type="checkbox"/> COC	<input type="checkbox"/> Constitution	Supervisor: _____
CBEST: R _____ M _____ W _____			Master Teacher: _____
CSET: 101 _____ 102 _____ 103 _____			School: _____ Grade: _____