



Western Illinois University
College of Education and Human Services

Part I - CLINICAL/STUDENT TEACHING GENERAL INFORMATION www.wiu.edu/coehs/teacher

Directions: Carefully complete this entire form. Applications will be processed in the order they are received. Information must be typed.

STCH SEMESTER: [] FALL [] SPRING YEAR: _____

NAME: _____ MAJOR: _____

WIU E-MAIL ADDRESS: _____@wiu.edu WIU ID: _____

HOME ADDRESS: _____
Street, City, State, Zip

SCHOOL ADDRESS: _____
Street, City, State, Zip

CELL #: _____ ALTERNATIVE #: _____

HIGH SCHOOL ATTENDED: _____
Name of School, City, State

I understand I am strongly discouraged from being employed while clinical/student teaching. Should employment interfere with my student teaching assignment requirements, I will be required to either terminate employment or the student teaching assignment.

I realize that it is my responsibility to know and meet all prerequisites for student teaching and that final assignment is contingent upon my fulfilling this responsibility.

I authorize the Student Teaching Program to release my WIU transcript as well as other related information upon request of the school district.

I understand I am required to provide my own transportation to and from the student teaching assignment. I attest that when using my personal auto, I am covered by valid auto insurance that provides at least the limits of coverage statutorily required to legally operate my vehicle in Illinois and all other jurisdictions in which I travel.

Student Signature _____ Date _____

Recommend for student teaching _____
Major Department Signatory

Secondary Teacher Education Advisor

For Office Use Only: Candidate's name did not appear on the Convicted Methamphetamine Manufacturer Registry National Sex Offender, Illinois Methamphetamine Manufacturer, or ISP Child Murderer and Violent Offender Against Youth Registries.
Date Advisor Initials

Part II - CLINICAL/STUDENT TEACHING PREFERENCE INFORMATION
www.wiu.edu/cpep

Directions: Carefully complete this entire form. Blank spaces indicate your willingness to be placed in any available placements. Applications will be processed in the order they are received. Information must be typed.

NAME: _____ **MAJOR:** _____ **WIU ID:** _____

Western Illinois University, through its student teaching Program, places and supervises student teachers in the following regions:

REGION A ... Chicago Suburbs (North, West & South) **REGION C ...** Quad Cities (including Quad Cities & Outlying Areas)
REGION B ... Chicago Public Schools (City of Chicago) **REGION D ...** Western/Central Illinois (Quincy/Peoria/Macomb)

From the regions listed above, select your first preference and place the region letter on the line below. On the line to the right, name the town or suburb from which you expect to commute. **Second preference, different from the first, must be listed by all student teachers in the event we are unable to accommodate the first preference.**

REGION _____ **1st Preference Would commute from** _____ **(town)**

REGION _____ **2nd Preference Would commute from** _____ **(town)**

University Supervisors of student teachers will make the placement. Under no circumstances can student teachers arrange their own clinical/student teaching assignment or commit themselves to any school building or teacher. Any such arrangement will not be honored.

Housing arrangements during the clinical/student teaching semester are the responsibility of each student teacher. Any student requesting an assignment outside the approved regions must appeal in writing to the Field, Clinical and Internship Review Committee. **ONLY DOCUMENTED CASES FOR EXCEPTIONALITY WILL BE CONSIDERED.** If approved, the student will be responsible for paying any additional costs incurred. It may be necessary for the student to obtain temporary housing during the clinical/student teaching experience.

If you have immediate family members (mother, father, brothers, sisters, aunts, uncles) employed by any school district in the regions we serve, please list their name, job, school building, and city/town in the space provided below. Also indicate if you have children attending any of these schools. Failure to disclose this information will jeopardize your placement.

For office use only: Academic advisor to identify grade level preference in consultation with candidate.

Early Childhood _____ **Elementary/Bilingual:** 1-3 4-6 (circle one)

Middle Level Education (5-8): _____ **Secondary Majors (grades 9-12):** _____

K-12: _____ (Art, Foreign Languages, Kinesiology, Music, Special Education) _____ (Check if DUAL cert)
Elementary Middle High School (Circle Two)

NOTES: _____