

Part I - STUDENT TEACHING GENERAL INFORMATION

Carefully type this entire form and <u>print single-sided</u>.

Applications will be processed in the order they are received.

| NAME: | MAJC | PR: | | | |
|--|--|---|--|--------------------|-------------------------------------|
| WIU EMAIL ADDRESS: | | WIU ID: | | | _ |
| HOME ADDRESS: | | | | | _ |
| Street | | City | State | Zip | |
| YOUR WIU ADDRESS: | | | Ctata | 7: | - |
| Street | | City | State | Zip | |
| CELL #: | | | | | |
| HIGH SCHOOL ATTENDED: | Name of School | City | | State | |
| I realize that it is my responsibility and financial obligations and the fulfilling this responsibility. I authorize the WIU Student Te I understand I am required to pr | at receiving, starting, and con eaching Program to release rel | npleting a student | teaching plac | rement is continge | ent upon my |
| using my personal auto, I am co to legally operate my vehicle in | overed by valid auto insurance | that provides at | least the limit | | ttest that when |
| using my personal auto, I am co | overed by valid auto insurance Illinois and all other jurisdict | that provides at ions in which I tr | least the limit avel. | | ttest that when utorily required |
| using my personal auto, I am co to legally operate my vehicle in | overed by valid auto insurance. Illinois and all other jurisdict | that provides at ions in which I tr | least the limit ravel. Date | s of coverage stat | ttest that when utorily required |
| using my personal auto, I am co to legally operate my vehicle in Student Signature | overed by valid auto insurance. Illinois and all other jurisdict | that provides at ions in which I tr | least the limit ravel. Date ignatory | s of coverage stat | ttest that when utorily required |
| using my personal auto, I am co to legally operate my vehicle in Student Signature | when did not appear on the Co | e that provides at tions in which I to be the provides at the | Date ignatory Education Acomphetamine Management | s of coverage stat | ttest that when utorily required |



Part II - STUDENT TEACHING PLACEMENT PREFERENCE FORM

Carefully type this entire form and print single-sided.
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| NAME: | | MAJOR: | | WIU ID: | | |
|--|--|--|---|---|--|--|
| Western Illinois Un | niversity, through its Stud | dent Teaching Program, places | s and supervises student | teachers in the following regions: | | |
| | ago Suburbs (North, Weago Public Schools (City | | | ing Quad Cities & Outlying Areas) inois (Quincy/Peoria/Macomb) | | |
| the town or suburb | from which you expect | | nce, different from the | pelow. On the line to the right, name first, must be listed by all student | | |
| REGION | 1st Preference | Would commute from_ | | (town) | | |
| REGION | 2 nd Preference | Would commute from_ | | (town) | | |
| | | | | an student teachers arrange their Any such arrangement will not be | | |
| assignment outside DOCUMENTED (| the approved regions machine the approved regions machine the control of the cont | ust appeal through the Selection NALITY WILL BE CONSID | on and Retention Appea DERED. If approved, the | t teacher. Any student requesting an all Committee (SRA). ONLY ne student will be responsible for using during the student teaching | | |
| we serve, please lis | st their name, job, school | | e space provided below. | d by any school district in the regions Also indicate if you have children nt. | | |
| | | | | | | |
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| For office use only: Academic advisor to identify grade level preference in consultation with the candidate. | | | | | | |
| Early Childhood | Birth-grade 2 | Elementary/Multi | lingual: K-3 4-6 (c | rircle one) | | |
| Middle Level Edu | cation (5-8) | Secondary Majors | s (9-12) | | | |
| ESL/BIED Endor | sement | | | | | |
| Pk-12: (Art | , World Languages, PE, | Music) Special Educ | cation (K-22) | | | |
| Ele | ementary Middle | High School (| (Circle Two) | | | |