Application for Education Practicum Neff Education Center, EHC

Name:_____ Graduation Date:_____ ☐ **401** ☐ **501**

Campus M ailbox: _____ E-mail address: _____ Phone:_____

Local Address: _____

_____

Please circle "yes" or "no" for each question:
Have you completed your Junior Interview with the Neff Center Faculty? yes no
Can you provide your own transportation? yes no

Please list the schools at which you have completed your 115 field experiences.

_____ _____

_____ _____

High School(s) where you were a student: _____

Elem. School(s) where you were a student: _____

What courses (besides student teaching) do you lack in your program?_____

_____

In which subject area(s) and/or grade levels do you seek teaching endorsement? Elementary students list your content area(s). Secondary students list your major(s).

_____

Circle grade level(s) you most wish to teach: K 1 2 3 4 5 6 7 8 9 10 11 12

Please state any significant health problems:

Please state your placement location preferences and reason(s) for wanting to be there:

Please state your grade level preferences and your reason(s) for this grade preference (Student should consult with the advisor regarding correct grade level for placement):

I understand that persons who have been convicted of any felony and/or of a misdemeanor involving moral turpitude will not receive a Virginia license to teach. My application for Practicum or for Student Teaching certifies that I have not been convicted of a felony or a misdemeanor involving moral turpitude.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

My schedule for my Practicum semester includes:

Course #	Title	Days	Start time	End time