ES-2

SCHOOL OF EDUCATION

REQUEST FOR STUDENT TEACHING PLACEMENT FORM

☐ Mild/Moderate ☐ Moderate/Severe
☐ Student Teacher ☐ Intern

Submit this form to the local Credential Advisor **60 days prior** to commencing student teaching.
Please attach a copy of your resume.

The following requirements must be fulfilled in order to be eligible for student teaching:

☐ Certificate of Clearance/Emergency Permit from CTC
☐ Completion of subject matter competency
☐ Valid TB test (valid for four years)
☐ Successful completion of all required coursework. ("D" and "F" grades are not accepted.)
☐ Passage of CBEST examination
☐ Current student account balance
☐ 3.0 grade point average

Name:_____ ID#_____

Address:_____
Street *City* *State* *Zip*

Home Phone:_____ Work Phone:_____

E-mail address:_____

National University campus:_____

Are you presently teaching under contract in a special education classroom? ☐ yes ☐ no

If yes, what is the school's name and address (with city, zip code, and "neighborhood")? *This is for locating purposes only.*

_____

_____

Are you enrolled in the dual regular education/special education program? ☐ yes ☐ no

Requested placement for student teaching:

District choice:_____

School of choice (if known):_____

Master teacher of choice (if known):_____

Contact person:_____ Phone #:_____

**National University cannot guarantee placement in your first district choice. Placement is dependent upon district and university availability. If it is not possible to place you in your district choice, the Placement Processor will contact you for further requests.*

Requested month to begin student teaching:_____

© National University 2008