University of Dayton *2017*

Application for Clinical Experience

Date Submitted_____

Directions: ***Please complete all pages of the application. All must be on time, complete & error free or will be assessed a late fee of $50.00.***

Undergraduate: ○ Spring Semester ○ Fall Semester
Due 1st Wednesday in February

Graduate: ○ Spring Semester ○ Fall Semester
Due 1st Wednesday in February

Name: _____
Last *First* *Middle*

Permanent Address:_____ **City:**_____ **ST:**_____ **Zip:**_____

UD Student Identification #: _____ **Cell #:**_____

Email:_____ **Date of last FBI/BCI check:**_____

If you attended high school in the Miami Valley, list where and year graduated: _____

Licensure Area:

☐ **Early Childhood: Kindergarten/Primary (ECE)**
- ☐ 4/5th Grade Endorsement
- ☐ Early Childhood Intervention Specialist
- ☐ Preschool Special Needs

☐ **Intervention Specialist (EIS)**

☐ **Middle Childhood/Intervention Specialist (EIM)**
EIM Concentrations – Check Two:
- ☐ Math ☐ Social Studies
- ☐ Science ☐ Reading / Language Arts
- ☐ Generalist Endorsement: RLA MTH SCI SS

☐ **Middle Childhood (EMS)** *By Approval Only*
EMS Concentrations – Check Two:
- ☐ Math ☐ Social Studies
- ☐ Science ☐ Reading / Language Arts
- ☐ Generalist Endorsement: RLA MTH SCI SS

☐ **Adolescence to Young Adult (EYA)**
EYA Concentration – Check One:
- ☐ Math ☐ Social Studies
- ☐ Science ☐ English Language Arts

BA/BS + Licensure Concentration:_____

☐ **Multi-Age (EAG)**
- ☐ Art ☐ Music
- ☐ Foreign Language_____

☐ **Religious Education (ERL)**

☐ **Dyslexia** ☐ **TESOL** ☐ **UTA**

Field Experiences: List where you were placed for all field experience placements.

_____
District/School Grade Level Subject

_____
District/School Grade Level Subject

_____
District/School Grade Level Subject

Car Available: ○ YES ○ NO

Extracurricular activities (sports) you have scheduled during your Clinical Experience year?_____

Placement Preferences:
Grade level 1st Choice____ 2nd Choice____
Subject Area_____
Urban_____ Catholic_____

Do **NOT** Place me at_____
NOTE: Candidates will not be placed in a school district where family members attend or are employed.

Are you a full-time, contracted teacher in your own classroom?
○ YES ○ NO

Other Special Circumstances:
_____
_____

OFFICE USE ONLY

University
Credit Hours_____ GPA_____

Concentration_____
Credit Hours_____ GPA_____

____ Good Moral Character Form
____ Professional Statement

Teacher Education
Credit Hours_____ GPA_____

Concentration_____
Credit Hours_____ GPA_____

DAP Scores

CT	OC	HI	LE	Overall
___	___	___	___	_____
___	___	___	___	_____

Notes & Remarks

_____ _____
Coordinator Signature/Approved *Date* *Office Signature/Approved* *Date*