Western Illinois University OFFICE OF TEACHER EDUCATION	<b>Part I - STUDENT TEACHING GENERAL INFOR</b> Carefully type this entire form and <u>print si</u> Applications will be processed in the order they an				nt single-sided
STUDENT TEACHING SEMESTER	: FALL	SPRING	YEAR:		-
NAME:		MAJOR:			
WIU EMAIL ADDRESS:		WIU ID:			
HOME ADDRESS:Street		City	State	Zip	-
YOUR WIU ADDRESS: Street		City	State	Zip	-
CELL #:	ALTERNATIV	·		-	_
HIGH SCHOOL ATTENDED:					_
• I understand I am strongly discoura student teaching assignment require assignment.		d to either termina	te employment	t or the student tead	

- and financial obligations and that receiving, starting, and completing a student teaching placement is contingent upon my fulfilling this responsibility.
- I authorize the WIU Student Teaching Program to release 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 _	
0		

**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, the National Sex Offender Registry or ISP Child Murderer and Violent Offender Against Youth Registry.

Date

Advisor Initials



Applications will be processed in the order they are received.

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 B:** Chicago Public Schools (City of Chicago) **REGION C:** Quad Cities (including Quad Cities & Outlying Areas) **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	1 <sup>st</sup> Preference	Would commute from	(town)
REGION	2 <sup>nd</sup> Preference	Would commute from	(town)

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

Housing arrangements during the student teaching semester are the responsibility of each student teacher. Any student requesting an assignment outside the approved regions must appeal through the Selection and Retention Appeal Committee (SRA). <u>ONLY</u> <u>DOCUMENTED CASES FOR EXCEPTIONALITY WILL BE CONSIDERED</u>. 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 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 the candidate.					
Early Childh	100d	Birth-grade 2	Elementary/M	ultilingual: 1-3	4-6 (circle one)
Middle Leve	l Education (	5-8)	Secondary Ma	jors (9-12)	
Pk-12:	(Art, World	Languages, PE, Music)	Special E	ducation (K-22) _	
	Elementary	Middle	High School	(Circle Two)	