

DIVISION OF EDUCATION **CLINICAL PLACEMENT VERIFICATION FORM**

 **Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type/Print all Information\_\_Fill in Completely\_\_Return to Education Division**

|  |  |
| --- | --- |
| **Teacher Candidate** |  |
| **Address, City, State** |  |
| **Email Address** |  |
| **Cell Phone** |  |

**Check all that apply:**

**\_\_\_Early Childhood \_\_\_Elementary \_\_\_Secondary \_\_\_Middle School \_\_\_TOSD**

**Co-Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORMS ARE DUE IN THE OFFICE OF CLINICAL EXPERIENCE AND PRACTICE BY**

**October 1 (Fall Semester) and March 1 (Spring Semester)**

**Clinical Placement**

List the school where you have secured placement for this semester.

|  |  |
| --- | --- |
| **District** |  |
| **School Name** |  |
| **Address** |  |
| **Telephone** |  |

If you will be in a second placement please list it here.

|  |  |
| --- | --- |
| **District** |  |
| **School Name** |  |
| **Address** |  |
| **Telephone** |  |

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**TEACHER CANDIDATE’S SIGNATURE DATE**