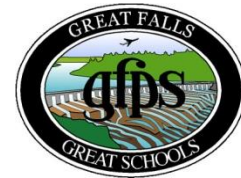




Pre-Service Observation/Practicum/Fieldwork Experience and Student Teaching Application



Please write legibly in blue/black ink.

Please complete for each separate course that requires observation, practicum, or fieldwork experience, student teaching requires this form, a resume, letter of interest & unofficial transcripts..

Name of Student: _____

Email Address & Phone Number: _____

Name of University Attending: _____

Year in School: __ Freshman __ Sophomore __ Junior __ Senior Other: _____

Major: _____

Additional Major/Minor/Concentration/Endorsement (if any): _____

Course # and Title of class requiring classroom experience: _____

of Contact Hours Required: _____ Start Date of Assignment: _____

University requirement for the time (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Observation only | <input type="checkbox"/> Individual student tutoring |
| <input type="checkbox"/> Small group student instruction | <input type="checkbox"/> Large/whole group instruction |
| <input type="checkbox"/> Other (please explain): | <input type="checkbox"/> Lesson planning with teacher |

University requirement for the setting (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular education | <input type="checkbox"/> Elementary | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Special education (check at least one below): | <input type="checkbox"/> Middle School | <input type="checkbox"/> Math |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> High School | <input type="checkbox"/> English |
| <input type="checkbox"/> Self-Contained | <input type="checkbox"/> Other (please explain): | <input type="checkbox"/> Science |
| <input type="checkbox"/> Behavioral | | <input type="checkbox"/> Social Studies |
| | | <input type="checkbox"/> Other _____ |

Name, Phone Number & Email of Course Instructor: _____

Course Instructor Signature: _____ Date: _____

Please describe any previous observation/practicum/fieldwork experiences you have completed. Include name of school, grade level/subject matter and name of teacher (if GFPS) so we can give you a varied experience.

Your schedule—Please indicate the hours and days of the week you are available to be at a school for this experience: _____

School preference (if any) & reason for preference: _____

Please email or write on the back of this application any additional information that will help to tailor your experience.

Please submit to the GFPS East-side Executive Directors Office at least three (3) weeks prior to the requested start date of your placement; **MAIL: GFPS Ex. Dir. Attn: Denise Ostberg, 1100 4th St. S., P.O. Box 2429, Great Falls, MT 59403**
EMAIL: denise_ostberg@gfps.k12.mt.us PHONE: 406-268-6008