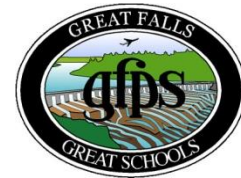




Pre-Service Observation/Practicum/Fieldwork Experience Application



Please write legibly in blue/black ink.

Please complete for each separate course that requires observation, practicum, or fieldwork experience.

Name of Student: _____

Email Address & Phone Number: _____

Name of University Attending: _____

Year in School (circle one): Freshman Sophomore Junior Senior

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 indicate on the back of this application, any additional information that will help to tailor your experience.

Please return to.

**GFPS Executive Directors Office, Attn: Jerri Rollins, 1100 4th St. S., P.O. Box 2429, Great Falls, MT 59403,
jerri_rollins@gfps.k12.mt.us**