

To be returned to: Barbara Owens
Director of Clinical Experiences
Room 328 A

CLINICAL EXPERIENCE PLACEMENT FORM EDUC 3351 & EDUC 3352 (60 Hr. Placement)

Please complete and return the following information concerning Clinical Experience in the public schools.

Name _____ Telephone _____

Address _____

Social Security # _____ **F.S.U. E-mail** _____

Elementary & High School Attended _____

Major Field of Study in Education _____

Course Instructor _____

*Please check the county in which you **prefer** to be placed: (This does not mean that you are guaranteed a placement in that county).

_____ Marion _____ Harrison _____ Monongalia

Previous placement in public schools for Education 2202

List days and times available for clinical work:

List Clinical Experience for other classes this semester:

I request a Clinical Experience placement as indicated above. If I drop this course, I will notify the class instructor and Director of Clinical Experiences as soon as possible.

Signature

Date