



Teacher Education Candidate Pre-Student Teaching Clinical Experience Self-Placement Form

Teacher candidate self-placement is *not* how the majority of teacher education clinical experiences at ISU are arranged. However, with course instructor approval, candidates may seek to engage in course related clinical experiences while they are on break/away from the campus and closer to their home communities or where they may have established relationships with school or other agency professionals.

ISU Teacher Candidate Information

Name	UID #	Semester (<i>circle</i>)	Year
		Fall / Spring	

ISU Teacher Education Course Information

Department	Course Number	Section Number	Number of Clinical Experience Hours Requested

School/Agency Information

School/Agency Name	Address	City	Zip	Phone Number

School/Agency Administrator Information/Permission

Administrator Name	Position/Title	Signature	Date
		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature indicates permission to complete hours for the above named course</i>	

Cooperating Teacher/Professional Clinical Experience Information

Teacher Name (PRINT)	Teacher Signature	Teacher DL# or birth date**

**Driver's license number and/or birth date is necessary to assure tuition waivers for school districts.

For this Clinical Experience I am expected to complete (check all that apply):

<input type="checkbox"/> Observation	<input type="checkbox"/> Tutoring one-on-one	<input type="checkbox"/> Non-instructional assisting
<input type="checkbox"/> Instructional aiding a group	<input type="checkbox"/> Microteaching	<input type="checkbox"/> Other (describe below)

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This form must accompany the BLUE DOCUMENTATION FORM required to record these clinical hours.