

Course: _____ Section: _____

Instructor: _____ Number of hrs required for this lab: _____

Administrative
Use ONLY
FPC

A. Complete this form using a BLACK PEN, no pencils or colored pens.

Student Name (not nicknames): _____

Student S#: _____ Alt. Masters _____ Undergrad _____

Day Phone: (____) _____ - _____ E-mail Address: _____

Check your Program: Childhood Ed (P-6) _____

Special Ed: Early Childhood K-6 _____ 6-12 _____ Collaborative K-6/Elementary _____

Secondary Ed: English _____ Gen Science _____ Math _____ Physical Ed. _____ Social Science _____

Below select the school system in which you are requesting an assignment (**indicate your 1st and 2nd choice**). There will be no special requests granted relating to school preferences, grade level or teacher. Write the date and time for your initial visit in Section B.

- | | | | |
|----------------|---------------|-----------------|-----------------|
| ____ Alexander | ____ Chilton | ____ Montgomery | ____ Pike Road |
| ____ Andalusia | ____ Crenshaw | ____ Monroe | ____ Sylacauga |
| ____ Autauga | ____ Elmore | ____ Opelika | ____ Tallapoosa |
| ____ Brewton | ____ Houston | ____ Ozark City | ____ Tallassee |
| ____ Butler | ____ Lowndes | ____ Lee | |

Note: You should report to the school’s front office at least 15 minutes before the initial visit.

Select a date for your initial visit ON or AFTER Friday, September 21st 2018. After this initial visit, you can schedule other working times cooperatively with the teacher(s) at the assigned school.

B. Cooperating Teachers

Please expect the AUM laboratory student to be in your classroom on _____ at _____.

This lab requires the student to spend _____ Hours with your school. The AUM student will schedule the lab hours with you. At the first visit the AUM student will deliver a letter from the instructor containing requirements for the specific laboratory experiences. Thank you for your help.

C. This form is due back to your Professor ON or BEFORE Wednesday, September 5th 2018.

NO additional placements will be accepted after this date

PLEASE DO NOT WRITE BELOW THIS LINE

School assigned _____ Subject/Grade _____

Teacher assigned _____ Teacher’s Email _____

Date and Time of Initial Visit _____