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**Field Experience Application Form**

**FALL**  **SPRING**  **SUMMER**  **YEAR**

**Name (Last)** **Name (First)** **CSU ID#**

**Address**        **City**        **Zip**

**CSU E-mail**        **Cell/Day Phone (** **) -** **-**

**Licensure:**   Subject Area 1:  Subject Area 2: Other:

**Select one:** Undergraduate  Post Bac  Graduate

**Your Age:** <20  21-25  26-30  31-35  36-40  41+

**Gender:** Female  Male  Intersex  Choose not to answer

**High School Attended**        **Year Graduated**        **High School City, State**        ,

**Other College/University Attended**        **Degree Earned**       **Did you Transfer?** YES  NO

**Type of Field Experience:** Internship 1/Apprenticeship 1/Practicum

Internship 2/Apprenticeship 2/Student Teaching

Rotations/Methods/CSUTeach (Step/CI)

**Course # (Reference CampusNet – i.e. ECE 441):** **Course Instructor Name:**

**PRACTICUM/STUDENT TEACHING APPLICATION**

**Part 2**

Please type your answers to the following questions in a Word document. Then, email the completed document to ofsassistant@csuohio.edu. Your responses will not be edited or proofread, so please be sure to use correct grammar, spelling, and punctuation. These responses will be sent to a district with your match request so please be sure that they present a positive image of you and your writing ability. If your responses are not received by the due date above, then your application sent to the district will read “no response” for each of these items. Please contact the Office of Field Services with any questions.

1. Describe what attracted you to teaching and to your particular subject matter/licensure area.

1. What do you hope to learn from IT1/ATI/practicum/IT2/AT2/student teaching?

1. What do you think you will bring to this field experience?

1. Briefly list any experience (e.g. work, volunteer) that you believe has impacted your interest and/or skills in working with children.

Office of Field Services Office Main Line: (216)-685-4616

REV. 10/22