

TB TEST AND CRIMINAL BACKGROUND CHECKS ARE REQUIRED FOR FIELD BASE AND STUDENT TEACHING

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Special Education Chicago Field-based Clinical Experiences Application

Your Personal Information.

First Name Last Name UID #

Address During Field Base City State Zip Code

Cell Phone Home Phone Email

Your High School (Note: You may not complete clinical experiences in your Alma Mater).

High School Name District # City

List any schools, district(s), and or Coops where you have family, friends or prior work/volunteer experience. (Note: you will not be assigned a school where a close relative/friend is employed, attends or where you have personal contacts).

Your Preference. Note: Your preferences are suggestions and not a guarantee of placement.

List below four locations that you want considered as placements for your field base experience. These locations should be within traveling distances of where you will be living. (These locations must be indicated as District # or Coop, City and County.) **Note:** Your Field Base placement type and level may duplicate your 245.12 assignment.

	District # or Coop	City	County
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____
4 th	_____	_____	_____

Signature: _____

Date: _____