

Clinical	Teaching:

□Spring

T 7		
Year:		

 \Box Fall

Office of Field Experiences Clinical Teacher Information Sheet

Program Information: (Cl	neck one)					
☐ Early Childhood PK-3 ☐ Elementary EC-6	□ Middle-Scho □ High-School □ All- Level E	(7-12)	☐ UTeach Middle School (4-8)☐ UTeach High School (7-12)			
Name:		SID#:				
Emergency Contact:		Phone Number:				
Mailing Address:						
	Street	City	State	Zip Code		
	Evening Phone #: _ s:					
Section A: Placem	ent/Assignment Information					
School District Inf	ormation:					
Campus:		District: _				
Cooperating Teacher (fu	ıll name):	Subject A	Subject Area/Grade Level:			
Room Number:	Conference Time:	District F	District Email:			
Section B: Schedu	ile					
Subject	Time		Room #	Grade Level		
Evoning/Online Course	(s) Sahadula					
Evening/Online Course Course	S) Schedule Day/Time/Room					