APPLICATION FOR ED360
Behavior Management Strategies for Inclusive and Self-Contained Classrooms

Division of Education
Office of Certification and Field Experience

This form does not replace registration. You must still register for the course!

Date:	_____	**Please check all that apply:**	**_ Elementary _Middle School _Secondary _Special Ed. _P-3 _LDTC _Reading Specialist _Undergraduate _Cont. Ed _Postbac _Graduate**
Semester: Year	____		
(Please check one):	☐Fall ☐Spring		
Liberal Arts Major:	_____	**Due Date:**	Fall Semester – February 15, Spring Semester – September 15

TYPE/PRINT ALL INFORMATION | FILL IN COMPLETELY | RETURN TO EDUCATION DEPT

Anticipated Certification Testing Area:	_____				
Name:	_____				
Street Address	_____				
Email Address:	_____				
City/Town:	_____	**State:**	__	**Zip Code:**	_____
Phone:	_____	**Dorm Phone:**	_____	**Cell Phone:**	_____

PREVIOUS FIELD PLACEMENT ASSIGNMENTS

Semester	Course/Title	School/Location	Grade	Hours Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Request for Field Placement

List two schools of choice in which you would prefer to be placed.*

District:	_____	**District:**	_____
School Name:	_____	**School Name:**	_____
Address:	_____	**Address:**	_____
Telephone	_____	**Telephone**	_____

Request for Field Placement
Grade Level Preference: _____

☐ (Check) **BLOOMFIELD**	**1st OPTION**	**2ND OPTION**
Professional Development District		
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Do you have a car? ☐**Yes** ☐**No**
- If no, what transportation would you use to reach a school site? _____
- List any members of your immediate family who are currently employed in either school district on back of this form.
- I am currently under contract with the following school district: _____

NOTE: The College review of approved site for field placement restricts the confirmation of student placement until the public/private school has been visited. No student is to resume that placement will take place unless this request is in keeping with the planned program of the College practicum.

** We will try to meet your request, but it is not possible at all times. Sites can be up to a 30 mile radius from the college.*

_____ _____ _____ _____
Student's Signature Date Director's Signature Date

Late registration approval —

_____ _____
Director's Signature Date

11-Sep-09