

Dickinson

STUDENT TEACHER INFORMATION

(This information sheet will be shared with school district building principals, department chairs and prospective host teachers.)

PLEASE TYPE USING COMPUTER!

Last Name	First Name	M.I.
Address:		
Phone:	E-mail:	
YEAR and SEMESTER You Plan to Student Teach:	MONTH and YEAR of Graduation:	
Secondary () Subject areas you will be certified to teach:		
Major GPA:	Overall GPA:	

FIELD EXPERIENCE

	District	Building	Cooperating Teacher	Phone Number of Building	Course Grade/Evaluation
Field Experience 1					
Field Experience 2					
Field Experience 3					
Field Experience 4					

Previous work experience with young people:

College Activities and Honors:

Please list three references, including one professor in your major field of study.

- | | | |
|-----------|--------|-------------------|
| (1) Name: | Title: | Telephone Number: |
| (2) Name: | Title: | Telephone Number: |
| (3) Name: | Title: | Telephone Number: |

I hereby certify that the above information is true and correct.

Signature of Student Teacher: _____

Content Courses that support my knowledge base in the major:

Special interests and hobbies:

Strengths I bring to student teaching include:

Skills I'd like to improve during student teaching:

Technological skills I bring to the experience are:

Travel and special study that contribute to my knowledge for teaching include:

In the student teaching experience, I expect to learn:

I want to teach because: