

Attention Candidates: This form must be completed and returned before credit for field or clinical is given. Both sides must be completed and all information provided.

Version 12.06

Submit to your field/clinical supervisor by the end of the 3rd week of field/clinical experience.

CEDARVILLE UNIVERSITY
TEACHER EDUCATION PROGRAM

Field/Clinical Placement Information and Class Profile

Candidate Name _____ ID # _____

Program

- AYA Int. Language Arts AYA Life Science Middle Childhood MA Spanish
- AYA Int. Mathematics AYA Physics/Chemistry Multi-Age Health Special Ed.
- AYA Int. Science AYA Physics Multi-Age Music ECED/MASPL
- AYA Int. Social Studies Early Childhood Multi-Age PE

Semester (circle) SP08 FA08 SP09 FA09

Check the appropriate field/clinical experience

Intro Block Experiences

- EDUC 1050 – Contemp. Christian Schools
- EDUC 2200 – Multicultural Field Experience
- EDSP 2050 – Special Ed. Field Experience
- EDSP 3100 – Diagnostic/Remedial Reading

Special Education Experiences

- Special Ed. Clinical (Early Childhood) DP 46-50
- Special Ed. Clinical (Middle Childhood) DP 53-57
- Special Ed. Clinical (AYA)
- EDSP 3150 – Int/Diagnosis Reading Spec. Ed.

Early/Middle/AYA/MASPN Experiences

- Clinical 1 (Early/Middle Childhood) DP 46-50
- Clinical 2 (Early/Middle Childhood) DP 53-57
- AYA/Spanish Principles Block Clinical DP 53-57

Music/Spanish/ P.E./Health/Health Experiences

- EDSE 3900 – Music Education Clinical DP 53-57
- SPAN 3600 – Clinical Teaching Spanish
- Physical Education/Health Field Exp. DP 46-50
- Physical Education Field Experience –
Special Populations DP 53-57

District/School Information

Candidates: With the help of your cooperating teacher, please complete the school information below and the class profile on the back side of this sheet. The University is required to collect this information to verify the diversity of placements for our candidates. All requested information is required.

District _____

School _____ Grade(s) _____

Cooperating Teacher _____

First Name Last Name

Cooperating Teacher ethnicity (please use categories listed on the back of this sheet): _____

- Current Licenses/credentials held: Ohio 2-year provisional license Ohio 5-year professional license
 Ohio 4 year provisional certificate Ohio 8 year professional certificate Ohio permanent certificate
 ACSI standard ACSI professional Non-tax Other: _____

Subject area(s) listed on credential: _____

Candidate: With your Cooperating Teacher’s help, complete the class profile on the back of this sheet.

Class Profile Information

For the information requested below, only the *number* of students in each category is needed. Do not need to identify individual students as fitting into any category.

Aggregate the totals for students in all classes with which you work.

(Multi-age music, physical education or health candidates who teach more than 5 different groups of students during the field/clinical experience are not required to complete this section; however, the form with all information on the previous side must be submitted.)

Total Number of Student in Class: _____

- **Demographic and Diversity categories totals must equal total number of students in the class**

Demographics Please specify the number of students:

_____ Males _____ Female _____ Age Range
_____ Economically disadvantaged _____ Limited English proficiency

Diversity Please specify the number of students:

_____ African American _____ American Indian _____ Asian/Pacific Islander
_____ Hispanic _____ Multi-racial _____ White

Students with exceptionalities Please specify the number of students:

_____ Autism _____ Learning disabled
_____ Blind/visually impaired or deaf/blind _____ Physically disabled
_____ Cognitively disabled _____ Other health impairment
_____ Deaf or hearing impaired _____ Severe and multiple disabilities
_____ Emotionally or behaviorally disabled _____ Speech/language impairment
_____ Gifted _____ Traumatic brain injury