

## Student Teaching Placement Document

Student Name: \_\_\_\_\_ Student EMPLID: \_\_\_\_\_ Begin Date: \_\_\_\_\_  
Institution: Illinois State University College: \_\_\_\_\_ End Date: \_\_\_\_\_  
Career: (Grad/UG) \_\_\_\_\_ Major: \_\_\_\_\_  
Term: \_\_\_\_\_ Sequence: \_\_\_\_\_  
Session: \_\_\_\_\_

## Class and Placement Information

Class Nbr/Group: \_\_\_\_\_ Subject: \_\_\_\_\_ Catalog Nbr: \_\_\_\_\_  
Instructor: \_\_\_\_\_ Class Section: \_\_\_\_\_ Diverse: (yes/no) \_\_\_\_\_  
School/Agency: \_\_\_\_\_ Organization ID: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_ Teacher ID: \_\_\_\_\_  
1<sup>st</sup> experience Weeks: \_\_\_\_\_ Grade 1: \_\_\_\_\_ Grade 2: \_\_\_\_\_  
2<sup>nd</sup> experience Weeks: \_\_\_\_\_ Grade 1: \_\_\_\_\_ Grade 2: \_\_\_\_\_

## Experience Descriptors- Questions

### Question 1: Level (Select all that apply)

- |   |                            |                            |                             |
|---|----------------------------|----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Pre K | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  |
| <input type="checkbox"/> K                | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
|   | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
|   | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |

### Question 2: Exceptionality (select all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Speech/Language Impaired | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Gifted                     | <input type="checkbox"/> Cognitive Disability     |
| <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> Emotional Disability  | <input type="checkbox"/> At Risk                    | <input type="checkbox"/> Traumatic Brain Injured  |
| <input type="checkbox"/> Behavior Disability      | <input type="checkbox"/> Low Vision/Blind      | <input type="checkbox"/> No Identified Disabilities | <input type="checkbox"/> Other Health Impairments |
| <input type="checkbox"/> Orthopedic Disability    | <input type="checkbox"/> Deaf/Hard of Hearing  | <input type="checkbox"/> Autism Spectrum            |   |

### Question 3: Cultural Composition (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native  | <input type="checkbox"/> Hispanic                      | <input type="checkbox"/> Poverty (free/reduced meal enrollment) |
| <input type="checkbox"/> Black Non-Hispanic              | <input type="checkbox"/> English Language Learners ESL | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Asian/ Indian/ Pacific Islander | <input type="checkbox"/> White Non-Hispanic            |   |

### Question 4: Site Type (select one)

- Rural (<2,500 population)  
 Small Urban (2,500-50,000)  
 Large Urban (50,000- 2 million)  
 Metropolitan (> 2 million)

### Question 5: Submitted the edTPA Teacher Candidate Information Release Authorization Form?

- Yes  No

### Question 6: Candidate has granted ISU permission to use candidate's edTPA portfolio materials?

- Yes  No