



Self-Placement Form

for Clinical Experiences

Present this form to a district/school administrator when seeking a clinical experience that is not prearranged by an Illinois State department coordinator or instructor. **Self-placement is not allowed in District 87, Unit 5, Metcalf, and UHigh.**

1. Complete and print this form.
2. Present form to school administrator for approval signature.
3. **Submit this form to your professor prior to completing the on-line Pre-Student Teaching Documentation Form**

ISU Teacher Candidate Information * Candidate has a current IL State Police Criminal Background Check on file at ISU

Name	UID #	Semester	Year
		FALL SPRING SUMMER	

ISU Teacher Education Course Information

Department	Course Name	Course Number	Section Number	Required # of Clinical Experience Hours

School/Agency Information

School/Agency Name	Address	City	Zip	Phone # (no spaces)

School/Agency Administrator Information/Permission *Admin: Please sign and copy this form for your records

Administrator Name	Position/Title	Signature	Date
		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature indicates permission to complete hours for the above named course</i>	

Hosting Teacher Information

Teacher Name (PRINT)	Teacher Signature (if possible)	Teacher birth date**(if possible)

**Birth date is helps to assure tuition waivers for school districts are credited to hosting teachers.

For this Clinical Experience I am expected to complete (check all that apply):

Observation	Tutoring one-on-one	Non-instructional assisting
Small group instruction	Whole class instruction	Work w/ clinic clients
Other activities		

Submit this form to your professor to approve your clinical hours