

University of Central Arkansas MAT Field Placement Request Form

It is the sole responsibility of the candidate to be aware of and comply with the field experience requirements for each course in which the candidate is enrolled. (revised 9/26/07)

Please print all requested information

Name _____ I.D. _____

Phone _____ Email _____

Present place of employment (if applicable) _____

Content Area (if secondary) _____

Level (circle) P-4, P-8, 4-8, 7-12, or P-12

Please list your choices for placements. (You MUST list the district. You do not have to list a specific school within the district.)

DISTRICT

SCHOOL

First Choice:

Second Choice:

Third Choice:

*Please note that every effort will be made to place candidates in their first choice; however, no request is guaranteed. Multiple schools in a district will be contacted, if possible, before making placements in a candidate's second or third choice district.

Please read and sign the following.

1. Larger districts often take a longer period of time to make placements. These districts require that all placements be made through their directors of personnel. Please be patient.
2. Contact the person you are given to contact. This person may be the principal, the cooperating teacher, or some other faculty or staff member in the school.
3. Make a courtesy "hello visit" with the cooperating teacher. Do not come the first day expecting to stay. Many teachers do not mind you staying, but others expect you to come back at a time that is mutually agreeable with both you and the teacher.

Signature _____ Date _____