

PERSONAL DATA SHEET

Name

Course Requiring this Field Experience

Date

Campus Address	Home Address
Box #:	Street:
Phone:	City/State/Zip:
Email:	Phone:

Class Status	Grade Level Preference
First Year _____ Sophomore _____ Junior _____ Senior _____	Elementary _____ Secondary _____ K-12 _____

Teaching Major: _____

Endorsement Area: _____

SPECIAL INTERESTS:

PREVIOUS EXPERIENCES WITH CHILDREN:

WHAT YOU EXPECT TO GAIN FROM YOUR FIELD EXPERIENCE: