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| The information you provide will facilitate the assignment of practicum students during the coming school year.  Please complete this form and forward it to your **Administrator**.  Online location of this form: http://www.uleth.ca/education/-100  If you have any questions please call (403) 329-2448. The form **can be faxed to (403) 329-2372.** | | | | | | | | |
| **SECTION I: GENERAL TEACHER INFORMATION** | | | | | | | | |
| **U of L ID number:** | | **Email Address:** | | | | | | |
| **Salutation:** | **Surname:** | | | | | **Given:** | | |
| **Former Surname: (if applicable)** | | | | | **SIN: (Optional)** | | | |
| **Phone:** | | | **Day & Month of Birth: (i.e. 01-Jan.)** | | | | | |
| **Home Address:** | | | | | | | | |
| **City:** | | | **Province:** | | | | **Postal Code:** | |
| **School Name:** | | | | **School City:** | | | | |
| **School Board:** | | **Permanent Certificate: Yes No** | | | | | | **Years teaching experience:** |
| Please indicate below the Grade level(s) and Subject(s) you will be teaching in the coming year.  **FALL** Grade(s)/ Subjects (Sep. – Dec.) **SPRING/SUMMER** Grade(s)/ Subjects (Jan.–June)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| What will your teaching assignment be in the coming year? Full-Time Half-Time a.m. Half-Time p.m. | | | | | | | | |
| Check all special programs you are involved in:  Kindergarten French Immersion FSL Special Education Other (please describe) | | | | | | | | |
| **Have you had a Student Teacher/Intern before? Yes No**  **If so, please list the most recent three indicating semester, type and year (i.e. Spring 2005 PS III)** | | | | | | | | |
| **SECTION II: STUDENT/INTERN TEACHER REQUEST INFORMATION** | | | | | | | | |
| Please indicate the level(s) of practicum student you are interested in and if more than one, **specify preference by number order** (i.e. 1,2,3,4). We cannot guarantee preferences or placements, however will do our best to accommodate your requests. | | | | | | | | |
| \_\_\_ **ED 2500 - K to Gr. 6 (Usually** in Lethbridge, Coaldale and/or Coalhurst schools). Indicate preferences by number. **\_\_\_ Fall** (October - December)  **\_\_\_ Spring** (March – April) **\_\_\_ Summer** (May- June)  \_\_\_ **PS I - ED 3500 – Usually Gr. 1 - 7 (**offered once yearly in the **Fall**)  Are you interested in a **paired placement** (two student teachers)?  \_\_\_ **PS II - ED 3600 - Usually Gr. 7 - 12 (and occasionally at** Elementary grades). **(**Offered in the **Spring** semester **only)** | | | | | | | | |
| \_\_\_ **PS III -** Include a **Professional Development Summary** below (or separately), for approval by your school Administrator and Superintendent (or Area Director where applicable).  Please feel free to identify any specific types of interns you may be interested in below.  **ED 4571** – **Elementar**y (Spring)  **ED 4572** – **Secondary** (Fall))  **ED 4573** – **Early Childhood Education** (Fall in grade K-3 classrooms)  **ED 4573** – **Native Education** (Fall, all levels)  **ED 4573**  – **Special/Inclusive Education** (Spring all levels)  **ED 4573** – **Technology in Education** (Elementary in Spring, Secondary in Fall)  **ED 4574** – **Fine Arts - Art or Dramatic Arts** (Fall)  **ED 4575**  – **Fine Arts - Music** (Fall) | | | | | | | | |
| **Professional Development Proposal Summary** (For those requesting a **PS III** Intern only.) Include names if working with others. | | | | | | | | |
| Is this request a part of a Professional Development Project organized by your school division?  Yes (type) No | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Teacher Associate** Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Administrator** (or Designate) Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Superintendent (**or Designate) **for PS III only** Date | | | | | | | | |
| **Please return completed, signed form to Field Experiences. You may fax it to: (403) 329-2372** | | | | | | | | |