STUDENT  TEACHING  PLACEMENT  PREFERENCE

Elementary_____  Middle School_____  No Preference_____

Complete the following IF you have a preference of a school or teacher(s). Please indicate at least three choices.

FIRST CHOICE

SCHOOL DISTRICT_____________________________________ Phone#________________

SCHOOL (name)_______________________________________ City____________________

TEACHER(S)____________________________________________ Subj/ grade________________

TEACHER(S)____________________________________________ Subj/ grade________________

SECOND CHOICE

SCHOOL DISTRICT_____________________________________ Phone#________________

SCHOOL (name)_______________________________________ City____________________

TEACHER(S)____________________________________________ Subj/ grade________________

TEACHER(S)____________________________________________ Subj/ grade________________

THIRD CHOICE

SCHOOL DISTRICT_____________________________________ Phone#________________

SCHOOL (name)_______________________________________ City____________________

TEACHER(S)____________________________________________ Subj/ grade________________

TEACHER(S)____________________________________________ Subj/ grade________________