

Practicum Placement Request Form

Please complete this form and submit with your Special Education Licensure Application. (This form is required of all students before placement can be secured.)

Date _____

Name _____
Last First Middle Maiden

Mailing Address _____
Number and Street _____
City State Zip _____

E-Mail Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Developmental Level of License Sought: K-12 _____ K-5 _____ or 6-12 _____

Developmental Level of current Teacher's License: K-12 _____, Elementary _____
Middle School/Junior High _____ Senior High _____

First Choice

Name of Proposed Practicum School _____

School's Address _____

Principal's Name _____

Principal's Email Address _____

Phone No. _____

Suggested Practicum Teacher _____

Grade(s) Taught by Suggested Practicum Teacher _____

Type of Classroom or Setting of Practicum Teacher _____

School System's Central Office's Telephone number _____ and mailing address

Second Choice

Name of Proposed Practicum School _____

School's Address _____

Principal's Name _____

Principal's Email Address _____

Phone No. _____

Suggested Practicum Teacher _____

Grade(s) Taught by Suggested Practicum Teacher _____

Type of Classroom or Setting of Practicum Teacher _____

School System's Central Office's Telephone number _____ and mailing address

Third Choice

Name of Proposed Practicum School _____

School's Address _____

Principal's Name _____

Principal's Email Address _____

Phone No. _____

Suggested Practicum Teacher _____

Grade(s) Taught by Suggested Practicum Teacher _____

Type of Classroom or Setting of Practicum Teacher _____

School System's Central Office's Telephone number _____ and mailing address

Indiana Wesleyan University

Adult Enrollment Services

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