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| **The information you provide will facilitate the assignment of practicum students during the coming school year.**  **Teachers selecting ED 2500, PS I or PS II *(and not PS III)* can forward page 1 of this form directly to the Field Experience Office via: email** [**edu.fieldexp@uleth.ca**](mailto:edu.fieldexp@uleth.ca) **; or by fax to (403) 329-2372.** | | | | | |
| **SECTION I: GENERAL TEACHER INFORMATION** | | | | | |
| **Salutation:** | **Surname:** | | | | **Given:** |
| **Former Surname:** | | **Email Address:** | | | |
| **School Name:** | | | | **School City:** | |
| **School Board:** | | | **Permanent Certificate: Yes No** | | **Years of 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 is/will your 2016-2017 teaching assignment be?** Full-Time Half-Time a.m. Half-Time pm | | | | | |
| **Have you had a U of L Student Teacher/Intern before? Yes No Most recent semester/year:** | | | | | |
| **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 /or Coalhurst schools). Indicate preferences by number. **\_\_\_ Fall** (Oct.-Dec.) **\_\_\_ Spring** (Mar.– Apr.) **\_\_\_ Summer** (May- June)  \_\_\_ **PS I - ED 3500 – Usually Gr. 1 - 6 (**Offered once yearly in the **Fall**)  \_\_\_ **PS II - ED 3600 - Usually Gr. 7 - 12 (and occasionally at** Elementary grades). **(**Offered in the **Spring** semester.) | | | | | |
| **Signatures below do not guarantee that a student will be placed with a teacher but rather are an indication of tentative interest and support. Administrators will be contacted to discuss specific placements in a school prior each respective practicum semester**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Teacher Associate** Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Administrator** (or Designate) Date | | | | | |
| **For teachers interested in a PS III intern (as well or only), please proceed to the second page.** | | | | | |

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| **Teachers submitting this Professional Semester III Intern Request page “*in addition”* to page 1 of this STUDENT TEACHER/INTERN REQUESTFORM, need not complete SECTION I: below.** | | | | |
| **SECTION I: GENERAL TEACHER INFORMATION** | | | | |
| **Salutation:** | **Surname:** | | | **Given:** |
| **Former Surname:** | | **Email Address:** | | |
| **School Name:** | | | **School City:** | |
| **School Board:** | | **Permanent Certificate: Yes No** | | **Years of 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 is/will your 2016-2017 teaching assignment be?** Full-Time Half-Time a.m. Half-Time pm | | | | |
| **Have you had a U of L Student Teacher/Intern before? Yes No Most recent semester/year:** | | | | |
| **SECTION III: PROFESSIONAL SEMESTER III INTERN REQUEST INFORMATION** | | | | |
| **Please note that by indicating an interest in a PS III intern, you will need to include a Professional Development Proposal Summary when you submit your request to your Superintendent for approval. (Check with your administrator or district office for their expectations regarding this requirement.)**  \_\_\_ **PS III -** 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) | | | | |
| **Signatures below do not guarantee that a student will be placed with a teacher are an indication of tentative interest/support. Administrators will be contacted to discuss specific placements in a school prior each respective internship semester**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Teacher Associate** Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of **Administrator** (or Designate) Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Zone 6 **Superintendent** (or Designate) Date | | | | |
| **Please submit this completed, signed form to your respective district office for superintendent’s approval. Once approved, it can be submitted to Field experiences via email to** [**edu.fieldexp@uleth.ca**](mailto:edu.fieldexp@uleth.ca) **or faxed to our attention at (403) 329-2372.** | | | | |

**STUDENT/INTERN TEACHER REQUEST INFORMATION INFORMATION**