

**Office of Clinical Experiences
College of Education
East Carolina University**

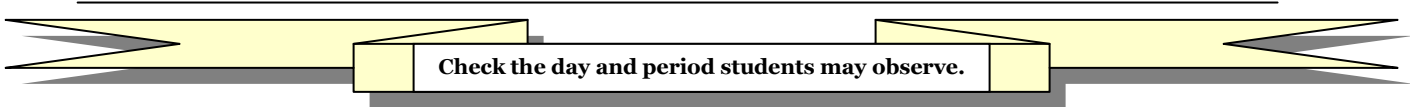
Subject Area Participating Teachers' Schedules

(Form to be used for student placement for Fall semester for HS teachers. All other subject area teachers (IE: pe, music, art, etc) just fill out one side and the placements are for both semesters.) Some classes only require observation and some do require some instruction and are more intensive.

Please fax completed form to the Office of Clinical Experiences (OCE) at 252-328-2361 or email it to the email below. If you have any questions or issues please contact OCE at 252-328-6051 or practicum@ecu.edu

School:
Department:
Teacher:

**I will take a maximum of ____ students.
**I will take a maximum of ____ students per period.



Period	Time	Subject	Monday	Tuesday	Wednesday	Thursday	Friday
First Block							
Second Block							
Third Block							
Fourth Block							

****Check preferred contact method and provide all contact information. Thanks!**

____ Email address:

____ Phone number:

____ Visit: Before school, Time _____
 Planning, Time _____
 After school, Time _____

Will you have a SrII this fall? Y or N

**Office of Clinical Experiences
College of Education
East Carolina University**

Participating Teachers' Schedules Subject Area

(Form to be used for student placement for SPRING semester)

Some classes only require observation and some do require some instruction and are more intensive.

Please fax completed form to the Office of Clinical Experiences (OCE) at 252-328-2361.

Please contact OCE at 252-328-6051 or practicum@ecu.edu if you have any questions or issues.

School:

Department:

Teacher:

**I will take a maximum of ____ students.

**I will take a maximum of ____ students per period.

Check the day and period students may observe.

Period	Time	Subject	Monday	Tuesday	Wednesday	Thursday	Friday
First Block							
Second Block							
Third Block							
Fourth Block							

****Check preferred contact method and provide all contact information. Thanks!**

____ Email address:

____ Phone number:

____ Visit: Before school, Time _____

Planning, Time _____

After school, Time _____

Will you have a SrII this spring? Y or N

