



SPECIAL EDUCATION PRACTICUM PLACEMENT REQUEST

READ ALL INFORMATION ON THIS FORM AND FILL OUT COMPLETELY.

Semester: _____ 20_____ Course # _____ Section _____ Instructor _____

Circle area(s) of interest: General Curriculum (students with disabilities pursuing a high school diploma)
Adaptive Curriculum (students with disabilities who will likely receive a certificate of attendance))
K-2 3-5 6-8 9-12 Other: _____

Name (Print): _____ ECU ID _____

Local Address: _____

ECU email address: _____ Phone # _____

Assignment Request: *You are responsible for transportation to and from your assignment.*

_____ Pitt County Schools ***Assigned by availability**

_____ A county other than Pitt **** Specify COUNTY and SCHOOL:** _____

Are you a Teacher Assistant at this school? _____ Yes _____ No

***IMPORTANT:** Pitt County includes: Ayden, Bethel, Belvoir, Chicod, Falkland, Farmville, Greenville, Grifton, Grimesland, Pactolus, Stokes, and Winterville areas. Be aware that all of these areas are used in making placements. It is not possible for everyone to be placed in Greenville City.

****IMPORTANT:** Other counties are just as diverse as Pitt County. You should be aware of this if you request a county other than Pitt. All areas of counties are used for placements.

WE ARE DEPENDENT UPON THE WILLINGNESS OF PUBLIC SCHOOL TEACHERS AND PRINCIPALS TO ACCEPT ECU STUDENTS INTO THEIR CLASSROOMS. YOU SHOULD **NOT** CONTACT A TEACHER DIRECTLY. ALL PLACEMENTS **MUST** BE MADE THROUGH THE OFFICE OF CLINICAL EXPERIENCES. NO PRIVATE SCHOOL PLACEMENTS OR OUT-OF-STATE PLACEMENTS WILL BE MADE.

Give careful consideration to your request. Once assignments have been made, there will be NO changes. Your request will be considered, but not guaranteed.

For consideration by the Office of Clinical Experiences, if you are taking another course(s) requiring a practicum, please check the appropriate box(es) and indicate the section number. If known, please include the name(s) of the schools where you are placed for other practicums.

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|--|---|
| <input type="checkbox"/> SPED 2123 Section _____ School: _____ | <input type="checkbox"/> SPED 2109 Section _____ School: _____ |
| <input type="checkbox"/> SPED 2209 Section _____ School: _____ | <input type="checkbox"/> SPED 3109 Section _____ School: _____ |
| <input type="checkbox"/> SCIE 3216 Section _____ School: _____ | <input type="checkbox"/> SPED 3209 Section _____ School: _____ |
| <input type="checkbox"/> READ 3204 Section _____ School: _____ | <input type="checkbox"/> READ 3210 Section: _____ School: _____ |
| <input type="checkbox"/> MATE 3051 Section _____ School: _____ | <input type="checkbox"/> Other: _____ |

IF YOU HAVE SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE THE OFFICE OF CLINICAL EXPERIENCES TO CONSIDER WHEN MAKING YOUR PLACEMENT, PLEASE INDICATE THEM ON THESE LINES.

I concur with the above assignment request: _____
Instructor Signature or Initials