



SUBJECT AREA PRACTICUM PLACEMENT REQUEST

SEMESTER _____ 20 _____

READ ALL INFORMATION ON THIS FORM. FILL THIS FORM OUT COMPLETELY.

Course Name/No. _____ Section # _____ Instructor: _____
Course

Circle area(s) of interest: B-K K-2 3-5 6-8 9-12 Other: _____

Name (PRINT) _____ ECU ID # _____ Telephone # _____
Last First

Local Address: _____

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 will be made. No out-of-state placements will be made.

**GIVE CAREFUL CONSIDERATION TO YOUR REQUEST.
ONCE ASSIGNMENTS HAVE BEEN MADE, THERE WILL BE NO CHANGES.**

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.

- | | |
|---|---|
| <input type="checkbox"/> ELEM 2123 Section _____ School: _____ | <input type="checkbox"/> ELEM 3235/36 Section _____ School: _____ |
| <input type="checkbox"/> ELEM 3249 Section _____ School: _____ | <input type="checkbox"/> ELEM 3250 Section _____ School: _____ |
| <input type="checkbox"/> ELEM 3275 Section _____ School: _____ | <input type="checkbox"/> ELEM 4551 Section _____ School: _____ |
| <input type="checkbox"/> SCIE 3216 Section _____ School: _____ | <input type="checkbox"/> MATE 3051 Section _____ School: _____ |
| <input type="checkbox"/> READ 3204 Section _____ School: _____ | <input type="checkbox"/> READ 3210 Section: _____ School: _____ |
| <input type="checkbox"/> READ 3205/3206 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. EX. You are a Sr. I or you are a TA employed in a school – give name of system , school, and classroom teacher with whom you work or are assigned.)

I concur with the above assignment request: _____

Instructor Signature or Initials