



# 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) \_\_\_\_\_ Banner ID **B** \_\_\_\_\_ Phone # \_\_\_\_\_  
*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 3301 Section _____ School: _____      | <input type="checkbox"/> READ 3302 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*