BRESCIA UNIVERSITY SCHOOL OF EDUCATION

CLINICAL PRACTICE CANDIDATE PLACEMENT & COOPERATING TEACHER INFORMATION

Clinical Practice Candidate Information

Name		Date		
(last)	(first)	(m.i.)		
Local Address				
	Street	City	State Zip	
Home Address	Street	City	State Zip	
-		·	·	
Telephone ()	Date of E	3irtn/	_ Gender	
E-mail Address		Social Security Number		
Anticipated Area(s) of Certific	cation			
	Coopera	ting Teacher		
	(information also n	needed for KY Vouchers)		
Name	(f:t)	SS# _.		
(last) Email address	(first)	,		
Years of Teaching Experienc	e Y	ears at Present School _		
Highest Degree Obtained	KTI	P Resource Teacher Tra	ining yes no	
Certification Area(s)				
Co-Teaching Training				
Beginning and Ending Dates	of Supervision			
Number of Weeks of Superv	ision	University Supervis	sor	
School		_ School District		
School Address				
School Address	Street	City	State Zip	

RETURN FORM TO: School of Education Brescia University 717 Frederica Street Owensboro KY 42301