

**BRESCIA UNIVERSITY
SCHOOL OF EDUCATION**

PERSONAL DATA FORM: CLINICAL PRACTICE CANDIDATE
(to share with Cooperating Teacher)

Name _____

Residence during Clinical Practice _____

Phone () _____ Cell () _____ Date of Birth ____/____/____

Home address _____

Single _____ Married _____ # of Children _____ Email _____

Area(s) of Certification _____

IECE _____ Elementary _____ Middle School _____ Secondary _____ Special Education _____

Projected date of graduation _____

Name of person(s) to be notified in case of emergency:

(1) _____ Relationship _____

Telephone: Work _____ Home _____

(2) _____ Relationship _____

Telephone: Work _____ Home _____

BACKGROUND INFORMATION

Extra-curricular activities in Elementary and High School: _____

Extra-curricular activities in College: _____

Hobbies/Special Skills/Area of Interest (Sunday School/CCD, tutoring, camping experience, Scouting, other): _____

