

Division of Education (440) 826-2166

Clinical Practice (Student Teaching) Application Form

	Date				
Candidate:	P'	MI			
Home Address:	City	State	Zip		
Home Phone Number: ()	Cell Phone Number	:()			
Student ID#:	Anticipated Graduation Date:				
Campus Address:	Campus Phone:				
BW E-Mail:					
Semester in which you anti	icipate completing Clinical Pra	actice (Student Te	aching):		
Fall 20 Spring 20					
Licensure Area:					
Teaching Field(s):					

Candidate:	Student ID:	
Liconsure Area.	Teaching Field(s).	

1. In the space below, write a brief narrative discussing your reasons for pursuing teaching as a professional career. In particular, discuss why you are pursuing licensure in the grade level and/or subject area you have chosen.

Response:

- 2. What goals and/or expectations have you established for your clinical practice experience? Be specific and include:
 - Your skills and knowledge applicable to clinical practice.
 - What you most want to learn from your clinical practice experience.
 - Teaching techniques/methods you have had some experience with and would like to use during clinical practice, e.g. cooperative learning, direct instruction, inquiry learning, concept learning, authentic assessment, etc.
 - Teaching techniques/methods you are currently least skillful with and would like to develop further during clinical practice.

Response:

3. Briefly describe any work or volunteer experiences you have had related to working with children or adolescents/young adults. In what way have these experiences helped you make your decision to be a classroom teacher?

Response:

Candidate:	Student ID:
Licensure Area:	Teaching Field(s):

Course	Semester/Year	School	Grade Level(s)	Subject
EDU 100	Fall/2001	Adams E.S	2	all

List previous field experiences you have had in your education program at Baldwin Wallace University Δ

5. How have these experiences prepared you for clinical practice (student teaching)? **Response:**

6. Think about a teacher who had a significant positive impact on you. What qualities and dispositions did this teacher possess that contributed to the significant positive impact it had on you. **Response:**

Signature: _____ Date: _____