



## Field Placement Assignment Form

Please complete all information indicated on this form. Incomplete forms **will be** returned. This information is valuable and needed because it is used for accreditation purposes.

Thank you for your help.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Assigned School \_\_\_\_\_

School Address \_\_\_\_\_

Principal \_\_\_\_\_

School District \_\_\_\_\_

### **Mentor Teacher Information**

Name \_\_\_\_\_

Contact Information (mailing address and email address)

\_\_\_\_\_  
\_\_\_\_\_

Number of Years Teaching \_\_\_\_\_

Degrees \_\_\_\_\_

Area(s) of certification \_\_\_\_\_

Other Information \_\_\_\_\_

When the form is complete, please fax a copy to ICL, 850-595-0008 or email to [icl@uwf.edu](mailto:icl@uwf.edu).