

ALTERNATIVE PLACEMENT INFORMATION FORM

Please complete & return this form to the Practicum Office (F201) by 4:00 p.m. on Friday, October 19, 2018.

Teacher Candidate Information	
Name:	ID#:
Telephone (while on placement):	
Emergency Contact Information	
Name:	Telephone:
Organization Information	
Organization Name:	Telephone:
Address:	
Site Supervisor Name:	Site Supervisor Email:
Brief Description of Organization:	
How will this placement help you to achieve your professional goals (outlined on your Alternative Declaration of Interest form)?	
Teacher Candidate Signature: Date:	

Date: _____

Site Supervisor Signature: