

Field Placement Office
 Education Building – Room 1105
 (607) 753-2824
 (607) 753-5966 (fax)

Teacher Candidate Data Sheet

FALL/SPRING SEMESTER FIELD PLACEMENTS

Print Name _____ C# _____

E-Mail Address _____ Major _____

Local Address _____ Local Phone _____

Emergency Contact Info (Parent/Spouse/Etc.) _____

CRN# (Ex: 94842) _____ Subject/Course/Section# (Ex: EDU 392-601) _____

Course Instructor _____ # of Fieldwork Hours _____ Semester: | Fall | Spring

Yes | No | Do you currently hold NYS teaching certification? (If applicable)
 Yes | No | Are you an International Student with an F or J visa? (If yes, please circle F or J) F or J
 Yes | No | Are you a CURE student?
 Yes | No | Have you submitted your fingerprinting application to NYSED? If so, when? _____ (month/year)

If you commute to Cortland to attend class, indicate from where _____

YOU ARE RESPONSIBLE FOR TRANSPORTATION AND SHOULD ANTICIPATE THAT YOU MAY NEED TO TRAVEL AT LEAST 45 MINUTES FOR FIELD PLACEMENT. YOU MUST REGISTER FOR CLASSES LEAVING SUFFICIENT BLOCKS OF TIME FOR YOUR FIELD PLACEMENT, WHICH IS MADE BASED ON CLASS SCHEDULE ONLY. (WE CANNOT MAKE PLACEMENTS BASED ON CAR OWNERSHIP, EMPLOYMENT SCHEDULES, AND/OR CHILDCARE RESPONSIBILITIES.)

Yes | No | Would you be willing to have your placement information shared with other practicum students for the purpose of car pooling?

What course, school/program, school district, teacher and subject/age/grade level did you complete your field work assignment(s), if applicable? Please list all. *(Example: AED 391 – McGraw HS – McGraw CSD – John Smith – Math 10)*

ADDITIONAL INFORMATION/SPECIAL CONCERNS: *(Please be specific.)*

DOCUMENTED DISABILITY: SUNY Cortland is committed to upholding and maintaining all aspects of the federal Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. If you are a student with a disability and wish to request accommodations, please contact the Office of Disability Services located in B-1 Van Hoesen Hall or call 607-753-2066 for an appointment. Any information regarding your disability will remain confidential and will only be divulged with your written permission. Because many accommodations require early planning, requests for accommodations should be made as early as possible. Any requests for accommodations will be reviewed in a timely manner to determine their appropriateness to this setting.

STUDENTS MAY NEITHER SEEK NOR ARRANGE THEIR OWN PLACEMENTS.

Please list any teacher/school contact information which may help us make a placement for you, if applicable.

Teacher _____ Subject/Age/Grade Level _____ Teacher's E-mail _____

School/Program _____ District _____ Telephone _____

On the back of this form, identify all classes (list course names and sections) and indicate all open time blocks for field work by highlighting these blocks with a marker.

IMPORTANT: If your schedule changes during Drop & Add, it is your responsibility to immediately contact the Field Placement Office, Education Building, Room 1105, since it may affect your placement. Thank you.

Course Schedule

Begin Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	8:00 - 8:50	*****	8:00 - 8:50	*****	8:00 - 8:50
8:30		8:30 - 9:45		8:30 - 9:45	
9:00	*****	*****	*****	*****	*****
9:30	9:10 - 10:00	*****	9:10 - 10:00	*****	9:10 - 10:00
10:00		*****		*****	
10:30	10:20 - 11:10	10:05 - 11:20	10:20 - 11:10	10:05 - 11:20	10:20 - 11:10
11:00		*****		*****	
11:30	11:30 - 12:20	*****	11:30 - 12:20	*****	11:30 - 12:20
12:00		11:40 - 12:55		11:40 - 12:55	
12:30	*****	*****	*****	*****	*****
1:00	12:40 - 1:30	*****	12:40 - 1:30	*****	12:40 - 1:30
1:30		*****		*****	
2:00	1:50 - 2:40	1:15 - 2:30	1:50 - 2:40	1:15 - 2:30	1:50 - 2:40
2:30		*****		*****	
3:00	3:00 - 3:50	2:50 - 4:05	3:00 - 3:50	2:50 - 4:05	3:00 - 3:50
3:30		*****		*****	
4:00	*****	*****	*****	*****	*****
4:30	4:25 - 5:40	4:25 - 5:40	4:25 - 5:40	4:25 - 5:40	4:25 - 5:40
5:00		*****		*****	
5:30	*****	*****	*****	*****	*****
6:00	*****	*****	*****	*****	*****