

Spring 2025 APPLICATION FOR UMF STUDENT TEACHING

Rev. 9/23

NAME: _____ ANTICIPATED GRADUATION DATE: _____

Pronoun: Mr.____ Ms.____ Mrs.____ Miss____ Mx.____ Other:_____ I am enrolled in the following minor:
Special Education Certification Track

MaineStreet STUDENT ID#: _____ (24 credits)

How would you like to be addressed:
He _____ She _____ They _____ Other-please specify _____
ESOL(English for Speakers of Other Languages)

E-MAIL: _____ CELL/LOCAL PHONE: _____

I authorize UMF Field Services to contact the following in case of an emergency:
EMERGENCY CONTACT INFORMATION: (Please notify of any changes)

CONTACT #1: _____ CONTACT #2: _____
RELATIONSHIP: _____ RELATIONSHIP: _____
PHONE: _____ PHONE: _____

NAME OF ACADEMIC ADVISOR: _____ FIRST SEMESTER YOU ENROLLED AT UMF: _____
(i.e., Fall 2021)

YOUR UMF EDUCATION PROGRAM OF STUDY:
Early Childhood Education (ECH) B-5(K) _____ (P)K-3 _____ (choose all that apply)
Early Childhood Special Education (ECS) B-5 _____ ECH) B-5(K) _____ (choose all that apply)
Special Education (SED) K-8 _____ 7-12 _____ (choose one)
Elementary Education (ELE) _____ Please specify your Concentration or Minor _____
Secondary/Middle: (choose one) English (SEN) _____ Social Studies (SSS) _____ Math (SMS) _____
Secondary Science: Please specify Life Science _____ OR Physical Science _____ (choose one)
School Health Education _____
Physical Education _____
World Language - Please specify French _____ OR Spanish _____ (choose one)

WHERE WILL YOU RESIDE DURING STUDENT TEACHING?
Address: _____

SEE ATTACHED PLACEMENT INFORMATION GUIDELINE SHEET BEFORE MAKING YOUR CHOICES.
LIST IN ORDER OF PREFERENCE THREE STUDENT TEACHING PLACEMENT CHOICES, ONE (1) BEING YOUR FIRST CHOICE, (2) BEING SECOND, ETC. A LETTER MUST ACCOMPANY A REQUEST FOR AN OUT-OF-AREA PLACEMENT.

- _____ LEWISTON/AUBURN REGION _____ JAY/LIVERMORE/RUMFORD REGION
- _____ GREATER FARMINGTON REGION _____ MADISON/SKOWHEGAN REGION
- _____ AUGUSTA/WATERVILLE/OAKLAND _____ SOUTHERN MAINE REGION
- _____ I AM INTERESTED IN STUDENT TEACHING ABROAD or OUT OF STATE
- _____ I HAVE ATTACHED A REQUEST

TRANSPORTATION: _____ I HAVE A CAR _____ I DO NOT HAVE A CAR (IT IS THE STUDENT'S RESPONSIBILITY TO FIND TRANSPORTATION)

Have you ever been convicted of any crime other than a traffic offense? ___Yes ___No
(If YES, please attach a single copy of a written explanation.)

Proof of fingerprinting & criminal history record check is required **before** student teaching. If you are a person with a disability and will need any accommodations to participate in Student Teaching, please contact Hiram Sibley at 778-7171 or hiram.sibley@maine.edu to discuss your personal needs.

SIGNED _____ DATE _____