

The George Washington University
School of Education and Human Development
Office of Laboratory Experiences
Phone: (202) 994-6166

Professional Internship Application Form: Elementary Education
Spring Semester - Internship II

Name: _____ SS: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Birth Date: ___/___/___ Sex: F / M Current GPA: _____ Do you speak Spanish Y / N Transportation (car) Y / N

High School Attended: _____ University Attended: _____

Undergraduate Major: _____ Date of Graduation: _____

Area schools where relatives of students are employed: _____

Note: Special Circumstances requests should be submitted in writing to the Director of the OLE, Dr. Patricia Tate.

School System Preference (You must select one)

____ Alexandria _____ Arlington _____ District of Columbia _____ Fairfax
____ Montgomery _____ Prince George's _____ Other _____ (specify)

In the space below, prioritize requests for a particular grade, subject, or other special consideration. Remember these are only a guide for the supervisor in selecting placement. Other factors are considered, such as availability of sites and the University's commitment to provide students with a variety of fieldwork experiences.

1. _____ 2. _____ 3. _____

Previous Fieldwork: List any school sites in which you observed/participated for education courses.

1. _____
2. _____
3. _____

Prerequisites for Final Student Teaching Internship: Your education advisor must confirm that you have completed the prerequisite courses. To facilitate this process, please fill out the following before you request a signature.

TRED 211	Elementary Materials & Methods	Sem/ Yr _____
	Language Arts	Grade ____ Instructor _____
	Science	Grade ____ Instructor _____
	Social Studies	Grade ____ Instructor _____ Math
		Grade ____ Instructor _____
TRED 222	Foundations of Reading Development	Sem/ Yr ____ Grade ____ Instructor _____

In addition to teaching internship II, what education and/or non-education courses do you still need to complete your degree and/or certification requirements? Please list them: _____

I have read the application requirements listed above and verify that all information is correct.

Student Signature: _____ **Date:** _____

Program Coordinator Use Only

_____ is approved to student teach during the Spring semester _____, (year) and has successfully completed the academic work required prior to student teaching with a quality point index of at least 2.75.

Signature _____ Date: _____