

BIOGRAPHICAL DATA FORM
Office of Field Experiences in Teacher Education
Berry College

Name: **Bold**
Local Address: **Bold**
Major: **Bold**

Date: **Bold**
Phone: **Bold**
Current GPA: **Bold**

1. Past Practica Assignments

<u>Course #</u>	<u>Semester</u>	<u>School</u>	<u>Grade/Subject</u>	<u>Teacher</u>
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2. What other experiences have you had working with school-age youth?

3. Why did you choose teaching as your profession?

4. List your strengths, including academic, extracurricular, teaching skills, and interests.

5. List specific teaching skills you need to develop further.

6. What goals do you hope to achieve through teaching?

NOTE: Your Biographical Data Form is to be ONE PAGE ONLY. This Placement Request Form is to be on a separate page. *Only the Bio Data Form is sent out to the school systems.*

STUDENT TEACHING PLACEMENT REQUEST FORM

Please understand that the Office of Field Experience makes every effort to honor your request. However, many factors are involved. Placements must be in schools within a 30-mile radius of Berry College, as well as in schools where Berry has agreements for placing students, and has college supervisors available to observe and support students.

You may not student teach at a school you have attended the past ten years, or where you have relatives working or your children in attendance, unless you have received prior permission from the Admissions & Certification Committee.

In order to ensure your successful completion of a teacher education program, ***you must complete field experiences in all grade levels listed in the Field Experience Handbook, including experiences in a multi-cultural setting.***

The schools are not always able to honor your request. Some requests are met for school, but not for teacher.

With this information in mind, please complete the following requests. Changes received after cut-off dates cannot be considered.

First Request School: _____

Teacher, Grade or Subject : _____

Second Request School: _____

Teacher, Grade or Subject: _____

Date Submitted: _____

Name: _____

