

Sonoma State University
Preliminary Level I Education Specialist Credential

Student Teacher Placement Request

Fall / Spring _____
Please circle *Year*

Student Name: _____ Program: *(please circle)*
Mild/Moderate Moderate/Severe

Phone: () _____ Email: _____

Local Address _____

REQUIREMENTS: THE FOLLOWING MUST BE COMPLETED BEFORE STUDENT TEACHING

Please circle the requirements that have been successfully completed and are on file in the Credential Office. If not, indicate the anticipated date of completion. It is your responsibility to submit these documents to the Credential Office.

- | | | | |
|--|------------------|-------|--------------------|
| 1. Negative TB Exam results | Yes | No | Date Passed: _____ |
| 2. Certificate of Clearance / Emergency Permit | Yes | No | Date Passed: _____ |
| 3. CBEST Passed | Yes | No | Date Passed: _____ |
| 4. Subject Matter Competency Met (check one) | | | |
| a. exam – CSET/MSAT or Praxis | Yes | No | Date Passed: _____ |
| b. waiver program | which one: _____ | | |
| 5. Completion of School of Education Legal Seminar | Date: | _____ | |

Placement for Student Teaching – *Placements are made by the Director of Field Placements in collaboration with school districts and not by student teachers. Although we do our best, please note that we cannot guarantee that you will receive your first choice.*

List your placement preferences:

Type of Program ___ Resource Specialist ___ Special Day Class ___ Other (specify) _____

Level of school ___ Elementary ___ Middle School ___ High School

Region Preference: Indicate your first, second and third choices with a #1, #2 and #3.

Sonoma County Napa County (Specify location) _____

___ Petaluma ___ Sonoma Solano County (Specify location) _____

___ Santa Rosa ___ Sebastopol Marin County (Specify location) _____

___ Cotati/Rohnert Park Lake County (Specify location) _____

___ North Sonoma County Mendocino County (Specify location) _____

Other information or requests: _____

Placement as Teacher of Record – *If you already have a paying position. To request a placement as a teacher of record, you must have the prior approval of the Chair of ELSE.*

Name of School _____ School Principal _____

School Phone (_____) _____ School Address _____

Type of School (please check one) ___ Public ___ Non - Public School ___ Other (specify) _____

If School District Program, indicate school district:

If County Office of Education Program, indicate county office: