STUDENT INFORMATION SHEET FOR PLACEMENT IN APPRENTICESHIP TEACHING

Due Dates: Spring: September 30 / Fall: January 31

Last Name: __________________________  First Name: __________________________  Student ID: __________________________
Address: ____________________________  e-mail Address: __________________________
Telephone: (________)__________________
Campus:  T/H  F/M  Anticipated Graduation Date: __________________________
Semester Requesting Apprenticeship (Student) Teaching: Fall  Spring  200____
  ☑ Elementary  ☑ Secondary (Specialization): __________________________

The following documents must be attached:
  ☑ Résumé (2 copies attached)  ☑ Praxis Results (attached)  ☑ Copy of Student Transcript (attached)

Please write your top two choices for where you would like to conduct your Apprenticeship (Student) Teaching below. Please note that there are no guarantees of getting into the district and/or school you request. Here are some examples of school districts we partner with:

**Teaneck Area:**
- Bergen County Vocational School District
- Cliffside Park Schools
- Garfield Public Schools
- Hackensack Public Schools
- Jersey City Public Schools
- Montvale Public Schools
- Moonachie Public Schools
- Northern Highlands Regional School District
- Palisades Park Public Schools
- Ridgewood Public Schools
- Teaneck Public Schools
- Upper Saddle River Public Schools
- Verona Public Schools
- Wayne Public Schools
- West New York Public Schools
- Westwood Regional School District

**Madison Area:**
- Berkley Heights Public Schools
- Chatham Public Schools
- Elizabeth Public Schools
- Hillside Public Schools
- Monroe Township Public Schools
- Morristown Public Schools
- Paterson Public Schools
- Perth Amboy Public Schools
- Plainfield Public Schools
- Scotch Plains/Fanwood Public Schools
- Somerset Hills Public Schools
- Sparta Public Schools
- Springfield Public Schools
- Summit Public Schools
- Sussex County Vocational/Technical Schools
- Warren Township Public Schools

**Choice 1:**
- School District: __________________________  State: __________________________
- Contact Name & Title: __________________________
- School Name & Address: __________________________
- School Phone: __________________________
- School Fax: __________________________

**Choice 2:**
- School District: __________________________  State: __________________________
- Contact Name & Title: __________________________
- School Name & Address: __________________________
- School Phone: __________________________
- School Fax: __________________________
Student Name: Last ___________________________________________ First ___________________________________________

Please check (√) the grade level preference:

____ Grades K-3     ____ Grades 7-8     Content Area: ______________________________________________________

____ Grades 4-6     ____ Grades 9-12   Content Area: ______________________________________________________

Please list at least two field experience locations that you have already completed:

School: ___________________________________________ School: ___________________________________________

Town: ___________________________________________ Town: ___________________________________________

Grade/Subject: ________________________________  Grade/Subject: ________________________________

Principal: ________________________________  Principal: ________________________________

Year: ________________________________  Year: ________________________________

I understand that I cannot conduct Apprenticeship (Student) Teaching unless I receive a passing score on the appropriate Praxis Test.

Student Signature ___________________________________________ Date form completed: __________________

Signature of School of Education Advisor: ___________________________________________

*This form and the required attachments must be returned before Jan. 31 for the fall and Sept. 30 for the spring.

Mail to:
Vincent Martone
Office of Student Teaching/Field Placement
Fairleigh Dickinson University
1000 River Road – Bancroft Hall / T-BH2-01
Teaneck, New Jersey 07666

Telephone: 201-692-2085
Fax: 201-692-2603

OR

Vincent Martone
Office of Student Teaching/Field Placement
Fairleigh Dickinson University
285 Madison Avenue – M-MSO-09
Madison, New Jersey 07940

FOR FDU USE ONLY

Dates: From: ________________________________  Assigned Supervisor: ________________________________

To: ________________________________  # of Observations: ________________________________