**Understanding of ILAS 301 Clinical Requirements**

Please read this document COMPLETELY and sign the bottom before submitting your ILAS 301 application.

ILAS 301 requires students to attend 8 in person seminars on Mondays from 4:00-5:50 p.m.

You will observe for a total of 30 hours over the course of the semester.

Placements are arranged by the Clinical Placement Office in the College of Liberal Arts and Sciences.

You will be notified of your placements **via e-mail before the semester begins**. We will use only your ZID e-mail to contact you.

You may need to meet several requirements prior to the start of the course in order to be able to observe in the school (i.e. Criminal background checks).

In light of this, it is **EXTREMELY** important that you check your ZID e-mail **at least 3 times per week** even over winter and summer break, once per day is preferable.

You are expected to observe throughout the duration of the course. Once per week is best but may not always be possible.

You will receive additional information about how to schedule your observations, how to sign up for tutoring, etc. as the start of the course approaches. Do not contact anyone besides your program coordinator or the Clinical Placement Office until specifically instructed to do so via e-mail.

You will be responsible for your own transportation to and from the placement school.

*I have read the above information and am applying to ILAS 301 with a knowledge of the requirements I will need to meet.*

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| **Type your name here** |  | **Enter your Z-ID here** |  | **Today’s date** |
| Typed Signature |  | Z ID |  | Date |

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| **ILAS 301: FIRST CLINICAL APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Semester: | **Spring or Fall** | | | | | Year: | | **Enter Year** | | | | | | | Z-ID: | | **Your Z-ID** | | | | | | | | | | |
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| *CONTACT INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name | | | | | | |  | First Name | | | | | | | | | | |  | Middle Name | | | | | | | |
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| Street Address during the clinical semester | | | | | | | | | |  | City | | | | | | | | | |  | State | | | |  | Zip Code |
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| **Phone** | | |  | | **2nd Phone** | | | | | | |  | | **NIU Email** | | | | | | | | | | | | | |
| Primary Telephone | | |  | | Secondary Telephone | | | | | | |  | | NIU E-Mail: Used for all official program correspondence | | | | | | | | | | | | | |
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| *PRIOR EDUCATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **High School Graduated** | | | | | | | |  | **City and State** | | | | | | | | | | | | | | |  | **Year** | | |
| Name of High School | | | | | | | |  | City and State | | | | | | | | | | | | | | |  | Year of Graduation | | |
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| Institutions attended in addition to NIU | | | | | | | |  | Degree Completed | | | | | | | | | | | | | | |  | Year of Graduation | | |
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| *LICENSE INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Enter Date** | |  | | **Enter text** | | | | | | | | |  | **Enter text** | |  | | **Enter text** | | | | | | | | | |
| Date of admission to NIU | |  | | Degree sought | | | | | | | | |  | Major | |  | | License Level and Grades | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Click here to enter text** | | | | | | | | | | | | |  | **Click here to enter** | | | | | | | | |  | | **Enter GPA** | | |
| Additional Endorsements to be Completed with License | | | | | | | | | | | | |  | Expected Date of Licensure | | | | | | | | |  | | Cumulative GPA | | |

**Please be advised that if you have a criminal history, we may be unable to place you in a school for a clinical experience.**

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| Typed Signature of Student: **Click here to enter text** |

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| *FOR PROGRAM USE ONLY* | | | | | | |
| By typing your name below you are verifying that this student is eligible for placement at this time, unless otherwise indicated *in writing* to the Director of Educator Preparation and Development. | | | | | | |
| Test Passed? (TAP/ACT/SAT):t | | **Click here to enter text** | | |  | |
| Additional Notes: **Click here to enter text** | | | | | | |
|  | **Click here to enter text** | |  | **Today’s Date** | |  |
|  | Typed Program Representative Signature | |  | Date | |  |

**PLACEMENT APPLICATION STATEMENT**

Compose an updated personal statement of about 1-2 pages double-spaced, beginning to imagine yourself as a teacher of your chosen subject area. Use professional language, as you would for a job application. Direct yourself to an audience that includes your discipline coordinator, your prospective cooperating teachers for ILAS 301, and potential future employers. Be clear and specific in your writing, including examples from your observations in ILAS 201 and your personal experiences with schools (but do not mention specific schools or districts). Consider these questions as you write: Why do you want to be a teacher of your subject area? Having observed some classes in you discipline, which ones do you hope to emulate? How do you plan to teach when you have your own classroom someday?

[Click here to enter text, or attach additional pages.]