

# Spring 2025 APPLICATION FOR UMF STUDENT TEACHING

Rev. 9/23

NAME: \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

Pronoun: Mr.\_\_\_\_ Ms.\_\_\_\_ Mrs.\_\_\_\_ Miss\_\_\_\_ Mx.\_\_\_\_ Other:\_\_\_\_\_ I am enrolled in the following minor:  
Special Education Certification Track

MaineStreet STUDENT ID#: \_\_\_\_\_

(24 credits)

How would you like to be addressed:

He \_\_\_\_\_ She \_\_\_\_\_ They \_\_\_\_\_ Other-please specify \_\_\_\_\_

ESOL(English for Speakers of Other  
Languages)

E-MAIL: \_\_\_\_\_ CELL/LOCAL PHONE: \_\_\_\_\_

I authorize UMF Field Services to contact the following in case of an emergency:

## EMERGENCY CONTACT INFORMATION: (Please notify of any changes)

CONTACT #1: \_\_\_\_\_ CONTACT #2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF ACADEMIC ADVISOR: \_\_\_\_\_ FIRST SEMESTER YOU ENROLLED AT UMF: \_\_\_\_\_  
(i.e., Fall 2021)

## YOUR UMF EDUCATION PROGRAM OF STUDY:

Early Childhood Education (ECH) B-5(K) \_\_\_\_\_ (P)K-3 \_\_\_\_\_ (choose all that apply)

Early Childhood Special Education (ECS) B-5 \_\_\_\_\_ ECH) B-5(K) \_\_\_\_\_ (choose all that apply)

Special Education (SED) K-8 \_\_\_\_\_ 7-12 \_\_\_\_\_ (choose one)

Elementary Education (ELE) \_\_\_\_\_

Please specify your Concentration or Minor \_\_\_\_\_

Secondary/Middle: (choose one)

English (SEN) \_\_\_\_\_ Social Studies (SSS) \_\_\_\_\_ Math (SMS) \_\_\_\_\_

Secondary Science: Please specify Life Science \_\_\_\_\_ OR Physical Science \_\_\_\_\_ (choose one)

School Health Education \_\_\_\_\_

Physical Education \_\_\_\_\_

World Language - Please specify French \_\_\_\_\_ OR Spanish \_\_\_\_\_ (choose one)

## WHERE WILL YOU RESIDE DURING STUDENT TEACHING?

Address: \_\_\_\_\_

## SEE ATTACHED PLACEMENT INFORMATION GUIDELINE SHEET BEFORE MAKING YOUR CHOICES.

LIST IN ORDER OF PREFERENCE THREE STUDENT TEACHING PLACEMENT CHOICES, ONE (1) BEING YOUR FIRST CHOICE, (2) BEING SECOND, ETC. A LETTER MUST ACCOMPANY A REQUEST FOR AN OUT-OF-AREA PLACEMENT.

- |   |                                   |
|---|-----------------------------------|
| ____ LEWISTON/AUBURN REGION                                     | ____ JAY/LIVERMORE/RUMFORD REGION |
| ____ GREATER FARMINGTON REGION                                  | ____ MADISON/SKOWHEGAN REGION     |
| ____ AUGUSTA/WATERVILLE/OAKLAND                                 | ____ SOUTHERN MAINE REGION        |
| ____ I AM INTERESTED IN STUDENT TEACHING ABROAD or OUT OF STATE |                                   |
| ____ I HAVE ATTACHED A REQUEST                                  |                                   |

TRANSPORTATION: \_\_\_\_ I HAVE A CAR \_\_\_\_ I DO NOT HAVE A CAR (IT IS THE STUDENT'S RESPONSIBILITY TO FIND TRANSPORTATION)

Have you ever been convicted of any crime other than a traffic offense? \_\_\_\_Yes \_\_\_\_No

(If YES, please attach a single copy of a written explanation.)

Proof of fingerprinting & criminal history record check is required **before** student teaching. If you are a person with a disability and will need any accommodations to participate in Student Teaching, please contact Hiram Sibley at 778-7171 or hiram.sibley@maine.edu to discuss your personal needs.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_