STUDENT TEACHER INFORMATION FORM

UNIVERSITY OF CENTRAL MISSOURI

WARRENSBURG, MISSOURI 64093

The information on this form will assist your supervising teacher and University Supervisor in planning your activities while you are a student teacher. It is essential that the form be completed fully and accurately.

# Personal Information

Name

Home address       UCM Email

University address       Home Phone

 Cell Phone

In case of emergency notify       Phone

# B.Skills and Characteristics

Indicate special skills, talents and personal qualities which will be of value to you in teaching (music, crafts, sports, etc.)

# C.Experiences

Indicate past experiences that you think might contribute to your effectiveness as a teacher and aid you in understanding children.

# D. Organizational memberships and/or activities engaged in and honors earned

**E. Pre-student teaching experiences (Field experience observation/participation, teacher aide work, micro-teaching, whole-class teaching, etc.)** List approximate hours or number of times for each activity.

**F. What attracted you to teaching as a profession? Why did you select your particular teaching field?**

**G. What are some of the things you hope to learn from student teaching?**