

Office of Clinical Experiences

Name (First, Last):

## **Teacher Internship Clearance Form**

<u>Students</u>: Complete this form and take it to your Subject Area Coordinator for signature or attach a copy of an email from him/her indicating approval for you to student teach during the semester you filled in below.

ID#:	
Cumulative GPA:	A to a also
Indicate the semester and year you plan to studer	it teach:
Check only those that apply to your Approved Stu	dent Teaching Semester:
☐ Early Childhood Education (Dual Licensure)	
☐ Elementary/Middle Education (1-8)	
☐ Secondary Education (6-12) At what level will you be stu	ident teaching?
Middle School	
High School	
☐ Special Education	
<ul><li>Physical Education</li></ul>	
☐ Music	
Check here if you have filed an Application for Acc UW-Whitewater Center for Students with Disabilit gerberj@uww.edu.	
<b>Subject Area Coordinator:</b> A student can only accept an she/he has been approved to student teach. Your signat is approved to intern during the semester indicated about notwithstanding.	cure or email verifies that this student
Signature of Subject Area Coordinator	 Date
Signature of Bilingual Coordinator	Date



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## **Subject Area Coordinators**

Art – Verónica Soria-Martínez	Music – Alena Holmes
Business Education – Karla Saeger	Science – Adam Schafer
Early Childhood Education (ECE) ECE4U-Anne Tillett or Campus EC-Lori Becker	ESL and/or Bilingual/Bicultural- Julie Minikel- Lacocque
Elem/Middle Education – Yao Fu	Special Education- Barb Hilliker
English – Ozgul Kartal	World Languages- Jenna Cushing-Leubner
Math – Wade Tillett	Social Studies – James Hartwick
Physical Education – Bridgette Hermanson	