

Application for Admission to Adapted Physical Education Practicum

Name _____
Last First MI

Home Address _____
Street City ZIP

Local Address _____
Street City ZIP

ASSIGNMENT INFORMATION: (check appropriate response)

Semester for which application is made: _____ Fall _____ Spring _____ Year

Circle the time of day and days you are available for practicum**:				
Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m.	8:00 a.m.	8:00 a.m.	8:00 a.m.	8:00 a.m.
9:00 a.m.	9:00 a.m.	9:00 a.m.	9:00 a.m.	9:00 a.m.
10:00 a.m.	10:00 a.m.	10:00 a.m.	10:00 a.m.	10:00 a.m.
11:00 a.m.	11:00 a.m.	11:00 a.m.	11:00 a.m.	11:00 a.m.
12:00 p.m.	12:00 p.m.	12:00 p.m.	12:00 p.m.	12:00 p.m.
1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.
2:00 p.m.	2:00 p.m.	2:00 p.m.	2:00 p.m.	2:00 p.m.
3:00 p.m.	3:00 p.m.	3:00 p.m.	3:00 p.m.	3:00 p.m.
**NOTE: Total class hours for the practicum must meet or exceed 180 clock hours. Less than half-day assignments are unacceptable.				
Do you have access to a car for traveling to your assignment? Yes _____ No				
A very limited number of placement sites are available, however, indicate your preferences by indicating a "1" for your first choice, a "2" for your second, etc.				
_____ Oshkosh	_____ Neenah, Menasha	_____ Appleton area	_____ Fond du Lac	
Preferred age level: _____ Elementary _____ Secondary (includes middle school)				

REQUIREMENTS AND CONDITIONS:

1. ALL coursework for this minor must be successfully completed **PRIOR** to the beginning of adapted physical education practicum or approval of the Coordinator of Adapted Physical Education Program
2. If the number of applicants exceeds the number of available teaching sites, the placements will be made on a “first come, first served” basis according to submission of properly completed applications. Workable schedules will be the next consideration. Those not placed will be the first to be placed in the following semester.
3. A criminal background check should be on file.
4. Students must have a TB test on file at UW Oshkosh.
5. This properly completed application approved by the Physical Education Department is to be submitted to the Field Experience Office by:

March 1 for fall semester assignments
October 1 for spring semester assignments

I understand and agree to the five requirements and conditions. Further, I certify that all the information I have provided on this form is accurate and complete to the best of my knowledge.

Signature

If there are any unique circumstances that may be relevant to your placement, explain fully below:

_____ Approved _____

Physical
Education
Department

Date

Department (faculty) comments, special requests
