Print Form

STUDENT DATA SHEET

Early Awareness Program
Arkansas State University College of Education
Department of Teacher Education

SCED 2514, Introduction to Secondary Teaching

NOTE: The ASU Coordinator of Teaching Internship and Field Experiences will send a copy of this form to the classroom teacher/supervisor and retain the original in your file in the Professional Education Programs office. This form must be TYPED and should be checked for accuracy.

Date: _____

Name: _____

Residential Address
Street or P.O. Box _____
(while completing Field I)

City, State, & Zip Code: _____

Expected Major: _____

High School Attended: _____

Honors/Extra Curricular Activities: _____

Hobbies: _____

Personal Information describing why you have chosen to become an educator and the factors that have most influenced your choice. (**DO NOT USE THE BACK.**) (One-half typed page limit, please.)

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