

STUDENT DATA SHEET

Teacher Applicant
Arkansas State University
College of Education and Behavioral Science

SCED 2513, Introduction to Secondary Teaching

NOTE: The A-State 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.)