



**Master in Teaching Program
Field Experience and Assessment Office**

The Evergreen State College
2700 Evergreen Parkway N.W. , SEM2 E3134
Olympia, WA 98505
360-867-6573

***Field Experience Response
Winter and Spring Quarters 2008***

Please check **Yes** or **No** indicating your response to this request,
and return as soon as possible by fax or email:

FAX: 360-867-6575 or E-MAIL: pettyl@evergreen.edu

STUDENT:

This student has requested placement at:

☐ **YES**, WE WILL ACCEPT THIS Student for Winter Quarter and Spring Quarter 2006.

The Practicum will begin January 10th through June 5, 2008 and will take place on Thursdays.

Name of School and School District: _____

Address: _____

PHONE: _____ **FAX** _____

COOPERATING TEACHER _____

GRADE LEVEL / SUBJECT ASSIGNMENT: _____

Principal: _____

☐ **NO**, we cannot accept a practicum student for Winter and Spring Quarters 2008.

Thank you in advance for your consideration and prompt response!