

Early Childhood EDU 490 Non-Cert Final Field Experience Application FORM

Indicate WHICH SEMESTER by clicking on the box and ACADEMIC YEAR by writing in the academic year

Academic Year (e.g., 2021-22) _____ you will be completing EDU 490
 Fall (DUE by APRIL 30TH) or Spring (DUE by NOVEMBER 30TH)

Student Name: _____ Maiden Name (if applicable): _____
Address: _____
Phone Number: _____ Can we text you at this number?
NKU Email: _____ Personal Email: _____

SELECT OPTION #1 OR OPTION #2

Option #1 - I **am working** at least half time in an early childhood related program and wish to continue this work:

- Lead teacher with infants and toddlers
 - Lead teacher with preschoolers
 - Lead teacher with kindergarteners
 - Administrator (e.g., director, curriculum supervisor, etc.): Write your title _____
 - Other type of positions (e.g., nanny): Provide a bit of information including your job title and location _____
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Provide the following information:

Center/Program name: _____
Address: _____

(If working as a teacher)

Director's name: _____ Phone number: _____ Email: _____

(If working as an administrator)

Your Supervisor's name: _____ Phone number: _____ Email: _____

Option #2 - I **am not** working in a childcare center and am interested in:

- Working in a childcare center with infants and toddlers
- Working in a childcare center with preschoolers
- Working as a para-professional (assistant teacher) in the public schools
- Working as a director in a childcare center
- Training early childhood professionals
- Home visitation: Every Child Succeeds _____ HIPPA _____
- Other _____

I am available in the _____ Morning Afternoon

I wish to be placed in the following locations if possible (If applicable, provide name, address, and owner/and or director contact information):

I have the following restrictions (e.g., do not have a car):

Attach completed form BY NOV. 30TH FOR SPRING AND APRIL 30TH FOR FALL to:
Dr. Jaesook Gilbert (gilbertj2@nku.edu) and Dr. Sue Griebeling (grieblings1@nku.edu)