Tri-County Special Education Joint Agreement
Jackson, Perry & Union Counties
1725 SHOMAKER DRIVE Murphysboro, Illinois 62966
Phone: 618-684-2109 FAX: 618-687-1638 C.W. (Chuck) Hamilton, Director

GENERAL INFORMATION SHEET Date:_____

Name:_____
First Middle Last

Address:_____

Phone Numbers: Home_____ Cell:_____

Date of Birth:_____ Gender : □ Male □ Female

Name of Emergency Contact:_____

Address/Phone Number: _____

_____

Relationship to Contact:_____

TYPE OF PLACEMENT:(check one)

□ **1x Observation only** □ **Student Teaching**
□ **Recurring Observation/Experience** □ **Other _____**

Agency or University:_____ □N/A
Instructor/Contact @ Placing Agency or College/University

_____Course #_____

TCSE Classroom/Teacher:_____

Day of Week/Time of Day for Placement_____

Dates for **Start and End** Dates:_____ Total Hrs Needed:_____

If this is NOT a limited/1x observation only, CURRENT VERIFICATION OF FINGERPRINT *AND* CRIMINAL BACKGROUND CHECK IS REQUIRED PRIOR TO THE START DATE OF PLACEMENT

Rev 4-1-10 ljh