

1725 Shomaker Drive Murphysboro, IL 62966 Tel. (618)-684-2109 Fax (618)-687-1638 www.tcse.us Jan Pearcy Director

Date:

GENERAL INFORMATION SHEET

Name:			
First Address:	Middle	Last	
Phone Numbers: Home			
Date of Birth:	Gender : Male	□ Female	
Emergency Contact:	Relationship to	Relationship to Contact:	
Address/Phone Number:			
TYPE OF PLACEMENT:(check	one) Complete all sections.		
□ 1x/Limited Observation only (□ (circle one) Recurring Observation	• •	•	
Purpose/Type of Observation/Pl	acement		
Start and End Dates:	Total Ho	Total Hours Needed:	
Placing Agency or College/University Instructor/Supervisor@ Placing /			
Contact Person:		Phone:	
TCSE Location/School:			
TCSE Supervising Teacher/Staff:			
********	*********	********	
Required Documentation PRIOR	R to START DATE for Internships	s/Student Teachers/Contractu	

□ Current Verification of FINGERPRINT AND CRIMINAL BACKGROUND CHECK (IL & FED)

105 ILCS 10/21-9 & ILCS 5/24-5

□ Evidence of freedom from communicable disease/TB test (not older than 90 days from start date)