Tri-County Special Education
Jackson • Perry • Union
1725 Shomaker Drive Murphysboro, IL 62966
Phone: 618.684.2109 Fax: 618.687.1638
www.tcse.us
Jan Pearcy, Director

GENERAL INFORMATION SHEET

Date: _____

Name: _____
First Middle Last

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: □ Male □ Female

Name of Emergency Contact: _____

Address/Phone Number: _____

_____

Relationship to Contact: _____

TYPE OF PLACEMENT:(check one)
□ **1x/Limited Observation only** (no direct student contact) □ **Student Teaching**
□ **Recurring Observation/Experience** □ **Other:** _____

Placing School/Agency/College or University: _____
Instructor or Contact Person at Placing Agency or College/University:

_____

TCSE School & Teacher: _____

Day of Week/Time of Day for Placement: _____

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 11/18/16 lg