Tri-County Special Education
Jackson • Perry • Union
1335 N. Cedar Court, Carbondale, IL 62901
Phone: 618.684.2109 Fax: 618.708.3403
www.tcse.us
Jan Pearcy, Director

GENERAL INFORMATION SHEET

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/Classroom & Teacher: _____

Day(s) of Week/Time(s) for Recurring Placement: _____
Start and End Date(s): _____ Total Hrs. Needed: _____

If this is NOT a limited/1x observation only, current verification of fingerprint *and* criminal background checks must be submitted to Human Resources Office PRIOR TO THE START DATE OF PLACEMENT

Rev. 1/2020 lg