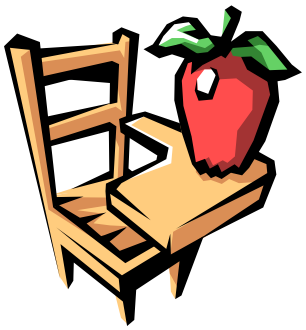

Dallas Independent School District

Office of Student Teaching
3807 Ross Ave. – Box 85
Dallas, Texas 75204

Office Use Only Received and Cleared Info.	
Profile	☐
CRC	☐
Driver Lic. Photocopied front and back.	☐
Soc Sec Photocopied front and back.	☐
TB Test (Required for PreK, Sp Ed. and Nursing)	☐

☐Fall, ☐Spring, 20____

Intern Field Observation Profile Form

Name: _____ Maiden: _____
Last First M.I.

DOB: _____/_____/_____ SS#:_____

Ethnicity: _____ Bilingual: ☐ Yes ☐ No

Volunteer Application Form Results Submitted: ☐ Yes ☐ No

Attending University: _____

Best Contact Numbers:
Home: (_____)_____ Cell: (_____)_____Other: _____

E-mail:_____
(This is our main source of contact)

Current Address: _____ City, State, Zip:_____

Mailing Address:_____ City, State, Zip:_____

Area of Certification(s):_____

Projected Graduation Date:_____

Will You Receive the Following: (Please check if applicable) ☑

Bilingual Certification ☐ ESL Certification: ☐

Campus Preferences: (1)_____(2)_____(3)_____

Gene Welch OFFICE: 972-749-7455 E-MAIL: gwelch@dallasisd.org FAX: 972-749-7454