**Personal Data Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Graduation Date:** (Undergraduates Only) | | | | Fall       Year | | Spring       Year | | | | **Cumulative GPA:** (Undergraduates Only) | | | | | |  | |
| **Name:** | | | | | | | | | |  | | | |  | | | |
|  | |  | | | | |  | | | **NUID #:** | | | |  | | | |
| ***Last First MI*** | | | | | | | | | |  | | | |  | | | |
| **Preferred Pronouns:** |  | | | | | | | | |  | | | |  | | | |
|  |  | | | | | | | | |  | | | |  | | | |
| **Address:** | | | | | | | | | | **Phone #:** | | | |  | | | |
|  | | |  | | | | |  | | | |  | | | | | |
| ***Street City State, Zip*** | | | | | | | | | | | | | | | | | |
| **Emergency Contact:** | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | |  | | |  | | | |  | | |
| ***Name Relationship Street City State, Zip Phone*** | | | | | | | | | | | | | | | | | |
| **Second Emergency Contact:** | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | |  | | |  | | | |  | | |
| ***Name Relationship Street City State, Zip Phone*** | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |  |
| **Endorsement Areas:** | | |  | | | |  | |  | | |  |  | | | | |
| **UNK Email Address:** | | |  | | | | | **Additional Email:** | | | |  | | | | | |
| **High School**  **Attended:** (Undergraduates Only) | | |  | | | | | **Employed At:** (Teachers Only) | | | |  | | | | | |

**Essay Questions**

**DO NOT use the tab key in this section!**

**Briefly describe your experiences with children and/or teens in and out of the school environment. Include any experiences with diverse populations or experiences with students from diverse backgrounds.**

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**What are some of the motivating factors for your career choice of teaching? (Family members, former teachers, etc.)**

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**Briefly describe your competencies in technology.**

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**What do you feel are the most important components of a successful classroom?**

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**List any honors, organizations, or extra-curricular activities you have received/participated in (during college or high school for undergraduate students).**

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**List previous work experiences including volunteer opportunities and/or non-teaching employment.**

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**What do you hope to gain from your student teaching/clinical practice experience?**

**If you are teaching answer “What do you hope to gain from your participation in this program?”**

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**I understand that a copy of this information, along with a copy of my transcripts, will be sent to the appropriate school administrator where I am seeking placement, my cooperating teacher, and my university supervisor. (Supervisor only for Teachers.)**

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*Signature Date*

*03/23/2021*