



COUNCIL ON TEACHER EDUCATION

Petition to Student Teach in Personal Classroom

Complete this form and submit it along with the administrator letter and program coordinator letter of support to student_teach@uic.edu.

Name		Date
UIN	UIC Email	IEIN
Teacher Education Program (Indicate Discipline) Secondary/Foreign Lang: _____ Special Education Early Childhood SpEd		Student Teaching Semester/Year Fall Spring Year: 20

Teacher Candidate Explanation:

Describe how student teaching in your own classroom will meet Illinois State Board of Education [Section 25.620](#) criteria.

Indicate the following forms are included with the petition. For additional information visit [Milestone 2: Apply to Student Teaching](#)

Administrator Letter Program Coordinator Letter of Support Opt-Out Form*

*The Opt-Out Form is required if your personal classroom is not in CPS.

Teacher Candidate Signature	Date
Program Coordinator Signature	Date