

Student Teaching – Personal Data/Emergency Contact Form

Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

PennWest Email \_\_\_\_\_@pennwest.edu

First Placement \_\_\_\_\_ Phone \_\_\_\_\_

If applicable, Second Placement \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact Information**

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
(Will only be contacted if primary contact cannot be reached.)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please inform us of any medications, allergies, and/or special medical needs.

**This form must be completed prior to the student teacher orientation meeting.**

Print copies for the following:

1. The Office of Clinical Experiences (Form will be collected at the first orientation meeting.)
2. The University Supervisor (Form will be collected at the Supervisor's orientation meeting.)
3. The Mentor Teacher (Form must be given to the Mentor Teacher on the first day of the placement.)

NOTE: If you have two placements, you will need to provide this information to your second placement Mentor Teacher and your University Supervisor (ONLY if supervisor changes for second placement.)