

## ESOL Internship Placement Request: Cascades Pre-Service

Please use blue or black ink.

Name \_\_\_\_\_ OSU Student ID # \_\_\_\_\_

**Completed ESOL Coursework** [Mark each course completed and write the term/year taken. If you have not yet completed a course, please write the term you intend to enroll in that course.]

Note: You need to complete all other coursework prior to the internship with a 3.0 or higher GPA.

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> ED 522 Racial & Cultural Harmony in the K-12 Classroom | Term/Year _____ |
| <input type="checkbox"/> ED 572 Foundations of ESOL Education                   | Term/Year _____ |
| <input type="checkbox"/> ED 573 Instructional Approaches for ESOL Education     | Term/Year _____ |
| <input type="checkbox"/> ED 576 Partnerships & Ideologies in ESOL Education     | Term/Year _____ |
| <input type="checkbox"/> ED 579 Linguistics for Teachers                        | Term/Year _____ |

**Completed Licensure Exam** [Mark if passed and write the date taken.]

Note: The ESOL exam is required of all ESOL endorsement candidates prior to program completion. It is recommended but *not* required that you pass the ESOL licensure exam prior to the internship.

- ☐ NES English to Speakers of Other Languages Date \_\_\_\_\_

### Internship Placement Request

Note: All internship placements are made by our Placement Specialist in partnership with school districts and your teacher preparation program. ESOL internship placements are contingent upon availability.

What term do you prefer to complete the ESOL Internship? [Indicate your first preference.]

- ☐ summer term, after student teaching ☐ other \_\_\_\_\_

The ESOL Internship must be completed in Oregon. Do you have plans to move outside of Oregon after student teaching? [Check box.] ☐ yes ☐ no ☐ undecided

☐ [Check box.] I understand that student teaching is first priority and my internship may be delayed if OSU cannot secure an internship placement that fits with my student teaching placement or if concerns arise about my ability to complete student teaching.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed request in person or by email:

Camille Pouliot  
Academic Program Coordinator  
camille.pouliot@osucascades.edu

For office use only:

- ☐ Approved request ☐ Denied request

Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_