

**KUTZTOWN UNIVERSITY
ELEMENTARY EDUCATION DEPARTMENT**

PROFESSIONAL SEMESTER DATA SHEET

NAME: _____ **SECTION:** _____

ADDRESS DURING FIELD EXPERIENCE:

TELEPHONE: _____ - _____ - _____

HOME ADDRESS:

HOME TELEPHONE: _____ - _____ - _____

PERSON TO CONTACT IN AN EMERGENCY:

RELATIONSHIP: _____

TELEPHONE: _____ - _____ - _____

MEDICAL ALERT INFORMATION: _____

MY PROSEM FIELD EXPERIENCE:

SCHOOL DISTRICT: _____

SCHOOL NAME: _____

GRADE: _____

COOPERATING TEACHER: _____

TELEPHONE: _____ - _____ - _____