



**FIELD-BASED EXPERIENCE  
REQUEST FORM**

**Directions:** Please complete and submit this request form along with any documentation from the college/university verifying the placement request/requirements in person/mailed to the address above or by email to [lisawilliams@spsk12.net](mailto:lisawilliams@spsk12.net).

**Allow at least three weeks from the receipt of this form for placement confirmation by email.**

*All applicants will be screened through the National Sex Offender Public Registry and required to provide evidence of a negative TB skin-test within the last 12 months. Approved placements for 30 or more hours will also be required to purchase a division-issued identification badge (\$5).*

**Student Observation**

**Student Participation**

**Student Practicum**

**Student Teaching**

**Internship: Type** \_\_\_\_\_

**STUDENT PLACEMENT INFORMATION (Please PRINT Clearly)**

Student's Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Local Address \_\_\_\_\_

(Street) (City) (State) (Zip Code)

College or University \_\_\_\_\_

Degree Program \_\_\_\_\_

Anticipated Graduation/Completion Date \_\_\_\_\_

Course Title \_\_\_\_\_

Professor/Instructor \_\_\_\_\_

Professor/Instructor Email \_\_\_\_\_

Subject Requested \_\_\_\_\_ Grade Level \_\_\_\_\_

School(s)/Location(s) Requested \_\_\_\_\_

Date Requested (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Total Number of Hours Requested \_\_\_\_\_

Briefly explain any special requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you are an employee of Suffolk Public Schools, please indicate your position and location.*

Current Position \_\_\_\_\_ Location \_\_\_\_\_

*If you are a graduate of Suffolk Public Schools, please indicate the school and year.*

King's Fork HS     Lakeland HS     Nansemond River HS    Year \_\_\_\_\_

- I agree to the aforementioned screening and division requirements for approved placements.
- I understand that **CONFIDENTIALITY** is a legal issue; I agree to observe all applicable policies.
- I will be responsible for contacting my assigned cooperating teacher/administrator prior to beginning my placement.
- I will notify my assigned cooperating teacher/school of any illness that requires my absence and/or of any intent to be absent from my assigned responsibility.
- I will provide a copy of my final college/university approved attendance log to the cooperating teacher/administrator.
- I understand that failure to comply with these conditions can result in **CANCELLATION** of the placement.

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

**College/University Personnel:** Please indicate to whom the placement confirmation should be sent.

College/University Personnel Only     Student Only     College/University Personnel & Student

College/University Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_