FIELD-BASED EXPERIENCE REQUEST FORM

Directions: Please complete this form by indicating below the type of field-based experience being requested. Use black ink and print clearly. Forward the form to the Personnel Department. Allow at least three weeks from the receipt of this form in the Personnel Department for placement confirmation.

_____Student Observation/Participation   _X__Student Practicum   _____Student Teaching/Intern

STUDENT PLACEMENT INFORMATION

Student's Name_____

Phone_____   E-Mail_____

Local Address_____
            (Street)   (City)   (State)   (Zip Code)

College or University _____Old Dominion University_____

Course Title _____Career Switcher Program _____

Professor/Instructor___N/A_____

Subject Requested_____   Grade Level_____

Dates Requested_____
            (Beginning)   (Ending)

Briefly explain any special requests: _____
_____
_____

Total Number of Hours_____

- ❖ I understand that **CONFIDENTIALITY** is a legal issue; I agree to observe all applicable rules.
- ❖ I will be responsible for contacting the school point of contact at least one week prior to beginning my placement.
- ❖ I will notify my assigned teacher/school of any illness that requires my absence and/or any intent to be from my assigned responsibility.
- ❖ I have verification of a negative tuberculin skin test taken within the last year.
- ❖ I have not been convicted of a violation of law other than a minor traffic violation.
- ❖ I have no criminal charges or proceedings pending against me.
- ❖ I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape of a child
- ❖ I understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.
- ❖ I am not employed by Chesapeake Public Schools but if I am employed by CPS, I am assigned to _____ as a/an_____.

Signature: _____ Date: _____