NORFOLK PUBLIC SCHOOLS
STUDENT TEACHER OR PRACTICUM
PLACEMENT REQUEST FORM

To be completed by **student teacher** or **practicum student** and submitted through the education department.

TYPE OF REQUEST: _____DATE:_____

Please print the following information clearly.

NAME_____

LOCAL ADDRESS_____

PHONE (day)_____(night)_____E-MAIL:_____

COLLEGE or UNIVERSITY_____NUMBER OF CLOCK HOURS _____

BEGINNING DATE_____ENDING DATE_____
                 MM/DD/YY   MM/DD/YY

GRADE LEVEL/SUBJECT(1ST PLACEMENT)_____

GRADE LEVEL/SUBJECT(2ND PLACEMENT)_____

TRANSPORTATION: Car___ Bicycle ___Bus ___ Other___ Car pool with_____

1.   I understand that **CONFIDENTIALITY** can be a legal/professional requirement in certain circumstances; I agree to observe all applicable rules.
2.   I will be responsible for contacting the building principal or the main office at least one week prior to beginning my placement.
3.   I have attached a summary of course requirements.
4.   I will notify my cooperating teacher/school if I am ill or otherwise unable to attend.
5.   I have verification of a negative tuberculin skin test taken within the last three years.
6.   I have not been convicted of a violation of law other than a minor traffic violation.
7.   I have no criminal charges or proceedings pending against me.
8.   I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape.
9.   I understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.

SIGNATURE:_____DATE:_____

TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY
1STPlacement_____Date_____
2nd Placement _____Date_____

Attn: Director of Student Teaching
Please return to the Norfolk Public Schools,
Dr. Lynne Meeks, Dept. of Human Resources,
Norfolk, VA 23510

NORFOLK PUBLIC SCHOOLS
VOLUNTEER ACKNOWLEDGMENT FORM
FOR FIELD EXPERIENCE PLACEMENT

Please Print

Name:_____

Address:_____
          Street   City   State   Zip

Phone:_____E-Mail: _____

College or University:_____

Beginning Date:_____Ending Date:_____
              MM/DD/YY   MM/DD/YY

Through the execution of this document, I do hereby acknowledge that my field experience placement with Norfolk Public Schools is voluntary and does not make me an employee of Norfolk Public Schools. I also acknowledge that I will not, under any circumstances, be eligible for Workers' Compensation benefits in the event I am injured out of my teaching experience.

I am currently enrolled in a private health/accident insurance plan____yes____no

Name of Plan:_____

Name of Subscriber:_____

Subscriber's Address:_____

Enrollment No:_____

It is my understanding that where other accident insurance is not available, I may be subject to coverage under a volunteer liability policy secured by Norfolk Public Schools, but this policy provides limited protection from both personal liability and injury claims arising out of this teaching experience.

Signature: _____Date:_____

Witness: _____Date:_____

(Over)