



# School Administration Building

1421 Kristina Way • Chesapeake, VA 23320

757-547-0153 cpschools.com

## FIELD-BASED EXPERIENCE REQUEST FORM

**Please return this completed form to Chesapeake Public Schools Department of Human Resources.**

**Please use black ink and print clearly or complete the form electronically.** Return the form via email to Laurie Edgar, Human Resources Employee Relations Administrator at [laurie.edgar@cpschools.com](mailto:laurie.edgar@cpschools.com).

### Type of placement requested

Student Observation/Participation  
Student Practicum  
Student Teaching  
School Counseling Internship  
Speech, Occupational or Physical Therapist Internship  
School Social Worker or School Psychologist Internship  
Administrative Internship

### Student information

Student Name \_\_\_\_\_

Local Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Placement Details

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

Program of Study \_\_\_\_\_

Requested Placement Content Area \_\_\_\_\_

School and/or grade level (if applicable) \_\_\_\_\_

Total Number of Placement Hours Required \_\_\_\_\_

Dates of Placement \_\_\_\_\_  
(Beginning) (Ending)

Student's school or geographic preferences (will be granted if possible, but not guaranteed)

Please note any special requests \_\_\_\_\_

If the student is a graduate of Chesapeake Public Schools, please note the name of the school.

## Student Agreements

I understand that Confidentiality is a legal requirement. I agree to observe all applicable rules and regulations.

I will contact my assigned cooperating professional/school or department contact at least one week prior to the start of my field experience.

I will notify my assigned cooperating professional/school or department contact of any situation that requires me to be absent from my placement.

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 do not have any Child Abuse or Neglect findings against me.

I understand that failure to comply with the rules and regulations of Chesapeake Public Schools may result in Cancellation of my field experience placement.

If the student is currently employed with Chesapeake Public Schools please note the following:

Current employment position \_\_\_\_\_

School/Department location \_\_\_\_\_

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

\_\_\_\_\_  
Date

College/University Field Coordinator or Professor requesting this placement:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

Email \_\_\_\_\_ Phone \_\_\_\_\_