



**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 via email to barbarapatterson@spsk12.net or fax to (757) 925-6765.

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 _____

Course Title _____

Professor/Instructor _____

Professor/Instructor Email _____

Subject Requested _____ Grade Level _____

School(s)/Location(s) Requested _____

Dates Requested _____

(Beginning) (Ending)

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 _____