"The Teacher as a Competent, Compassionate, Cooperative, and Committed Leader."

Level I Observation (10) Hours

Field Experience Request Form

DO NOT REQUEST PLACEMENTS IN SCHOOL DIVISIONS WHERE YOU ARE EMPLOYED OR AT SCHOOLS WHERE A FAMILY MEMBER ATTENDS OR IS EMPLOYED. REQUEST NO MORE THAN ONE (1) EXPERIENCE PER SCHOOL AND PER REQUEST FORM. **REQUEST FORM MUST BE TYPED OR OTHERWISE IT WILL NOT BE ACCEPTED.**

Name (as it appears in the NSU system) **Last:** _____ **First:** _____ **MI:** ____

Phone: (____) _____ **NSU** e-mail address: _____

Local Address: _____

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

Course Abbreviation & Number: _____ Professor/Instructor: _____

Are you currently employed with a school division? Y N If yes, where? _____

School Preference: (full name) _____

School Division: _____

If requesting a preschool or a private school and a school division outside of Hampton Roads, you must provide a contact name and number and determine if a background check is required.

***Contact Name:** _____ ***Contact Number:** _____

Subject Requested: _____

Grade Level ☐ PK ☐ K-5 ☐ 6-8 ☐ 9-12 Specific Grade Preferred: _____

Observation Dates: 02/13/12 (Beginning) 04/13/12 (Ending)

(Do not submit without an updated negative Tuberculosis report.)

Instructor's Signature: _____ **Date:** _____

Instructor's Signature is required only if completing a course where an Incomplete was received

Initial next to each statement after reading: (INITIALS & SIGNATURES MUST BE HANDWRITTEN)

_____ I have read both the CPD Reminders and Guidelines for a field experience. I understand that I am responsible for abiding by these guidelines throughout my entire experience.

_____ I have attached the corresponding city form (applicable only for Virginia Beach, Norfolk, or Chesapeake school division requests)

_____ I have attached a current, negative TB test.

Applicant's Signature: _____ **Date:** _____

Please sign below to verify all of the following items:

I have not been convicted of a violation of law other than a minor traffic violation.
I do not have any criminal charges or proceedings pending against me.
I do not have a felony, misdemeanor, or other offense for drugs, sexual abuse, or assault.
I understand that if the above mentioned conditions are violated, it can result in cancellation of the field experience.

Applicant's Signature: _____ **Date:** _____

☐ Check here if you are unable to verify one or more of the above items. You will be contacted to schedule a conference with the director of the CPD.

DEADLINE FOR SUBMISSION IS FEBRUARY 3, 2012

REV 01/2012