

Methods Instructor Printed Name: _____

DATE: _____

Methods Instructor Signature: _____

Course Name and Number: _____

Circle Semester: FALL SPRING Year: _____

NORFOLK STATE UNIVERSITY
SCHOOL OF EDUCATION
CENTER FOR PROFESSIONAL DEVELOPMENT

Level I Observation and/or Level II Observation/Participation Field Experience Request Form

Circle Placement Location: VBPS NPS PPS SPS CPS NNPS HPS CDL OTHER: _____

CHESAPEAKE, VIRGINIA BEACH AND NORFOLK REQUESTS: All candidates requesting to observe in Chesapeake, Virginia Beach or Norfolk must complete that city's additional form: **FIELD-BASED EXPERIENCE REQUEST FORM** for Chesapeake, **PRACTICUM PLACEMENT REQUEST FORM** for Virginia Beach, or the **NORFOLK PUBLIC SCHOOLS STUDENT TEACHER OR PRACTICUM PLACEMENT REQUEST form and the VOLUNTEER ACKNOWLEDGEMENT FORM FOR FIELD EXPERIENCE PLACEMENT** for Norfolk. Ensure that both sides/pages of the Norfolk form are signed.

****DO NOT REQUEST PLACEMENTS AT LOCATIONS WHERE A FAMILY MEMBER ATTENDS OR IS EMPLOYED. REQUEST NO MORE THAN TWO (2) EXPERIENCES PER SCHOOL. ****

Candidate Information Last Name, First Name, MI Local Telephone Number	Local Address	Subject Area (CHOOSE ONE) VOC MUS, INST MUS, PE, SPE(MILD; SEVERE), PRE-K, ELEM, READING, SS, ENG, MTH, HIS, SCI, ART, BUS, SPANISH, FRENCH	Grade(s) PK PK-3 PK-6 6-8 9-12	Hours Needed 10 Hrs 20 Hrs	Availability (Write in your available times. Use intervals of at least three (3) clock hours. Indicate days unavailable with N/A. Use TBD when availability is unknown or if availability is all day. Please Do not leave spaces blank.)					School Preference (DOES NOT GUARANTEE PLACEMENT AT THE PREFERRED SCHOOL) <i>**Please Indicate Contact Name and Number if requesting a Child Care Center**</i>	***TB test and BVF MUST be CURRENT (SEE REMINDERS SHEET) AND ON FILE in the CPD BEFORE your request is SENT to the school.***	
					Mon	Tue	Wed	Thu	Fri		TB Test on file?	Background Verification Form (BVF) on file?
					Y/N	Y/N						
(SAMPLE) Doe, Jane L. 757.555.1879	(SAMPLE) 700 Park Avenue Apt. 201 Norfolk, VA 23506	(SAMPLE) SEVERE/SPE	(SAMPLE) 9-12	10	12:00-3:00	12:00-3:00	12:00-3:00	8:00-11:00	12:00-3:00	(SAMPLE) LUTHER PORTER JACKSON MS	Y	Y