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: In addition to the Level I and Level II applications, 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.

Candidate Information Last Name, First Name, MI Local Telephone Number	Street Address	Subject Area (CHOOSE ONE) VOC MUS, INST MUS, PE, SPE(LD,ED,SD), 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 (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.)					School Preference (DOES NOT GUARANTEE PLACEMENT AT THE PREFERRED SCHOOL)	TB Test On File?	
					Mon	Tue	Wed	Thu	Fri		Y	N
(SAMPLE) Doe, Jane L. 757.555.1879	(SAMPLE) 700 Park Avenue Apt. 201 Norfolk, VA 23506	(SAMPLE) LD/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	X	