



Chesapeake Public Schools

School Administration Building
Post Office Box 16496
Chesapeake, VA 23328-6496

Human Resources Department

FIELD-BASED EXPERIENCE REQUEST FORM

Directions: Please complete this form by indicating below the type of field-based experience being requested. Use black ink and print clearly. Forward the form to the Human Resources Department. Allow at least three weeks from the receipt of this form in the Human Resources Department for placement confirmation.

___ Student Observation/Participation ___ Student Practicum ___ Student Teaching/Intern

STUDENT PLACEMENT INFORMATION

Student's Name _____

Phone _____ E-Mail _____

Local Address _____
(Street) (City) (State) (Zip Code)

College or University _____

Course Title _____

Professor/Instructor _____

Subject Requested _____ Grade Level _____

Dates Requested _____
(Beginning) (Ending)

Briefly explain any special requests: _____

Total Number of Hours _____

If you are a graduate of Chesapeake Public Schools, please list the name of the school from which you graduated. _____

- ❖ I understand that **CONFIDENTIALITY** is a legal issue; I agree to observe all applicable rules.
- ❖ I will be responsible for contacting the school point of contact at least one week prior to beginning my placement.
- ❖ I will notify my assigned teacher/school of any illness that requires my absence and/or of any intent to be absent from my assigned responsibility.
- ❖ 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 understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.
- ❖ I am currently employed by Chesapeake Public Schools as a/an _____, and I am assigned to _____.

Student Signature: _____ Date: _____

College/University Personnel Signature: _____ Date: _____