



Norfolk Public Schools

NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

COURSE NO. _____

PROFESSOR _____

STUDENT TEACHER OR PRACTICUM PLACEMENT REQUEST FORM

To be completed by **student teacher** or **practicum student** and submitted through the education department.

TYPE OF REQUEST: _____ DATE: _____

Please print the following information clearly.

NAME: _____

LOCAL ADDRESS: _____

PHONE(day) _____ (night) _____

CELLULAR PHONE # _____ EMAIL: _____

COLLEGE or UNIVERSITY _____ NUMBER OF CLOCK HOURS _____

BEGINNING DATE _____ ENDING DATE _____
MM/DD/YY MM/DD/YY

GRADE LEVEL/SUBJECT(1ST PLACEMENT) _____

GRADE LEVEL/SUBJECT(2ND PLACEMENT) _____

DEGREE SEEKING (Please Check) Bachelor's Master's Licensure Only

TRANSPORTATION: Car Bicycle Bus Other Car pool with _____

1. I understand that **CONFIDENTIALITY** can be a legal/professional requirement in certain circumstances; I agree to observe all applicable rules.
2. I will be responsible for contacting the building principal or the main office at least one week prior to beginning my placement.
3. I have attached a summary of course requirements.
4. I will notify my cooperating teacher/school if I am ill or otherwise unable to attend.
5. I have verification of a negative tuberculin skin test taken within the last three years.
6. I have not been convicted of a violation of law other than a minor traffic violation.
7. I have no criminal charges or proceedings pending against me.
8. I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape.
9. I understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY	
1 ST Placement _____	Date _____
2 ND Placement _____	Date _____

Attn: Director of Student Teaching
 Please return to Norfolk Public Schools,
 Dr. Lynne Meeks, Dept. of Human Resources,
 Norfolk, VA 23510

**NORFOLK PUBLIC SCHOOLS
VOLUNTEER ACKNOWLEDGMENT FORM
FOR FIELD EXPERIENCE PLACEMENT**

Please Print

Name: _____

Address: _____

Phone: _____ Cellular Phone: _____

College or University: _____

Beginning Date: _____ Ending Date: _____

Through the execution of this document, I do hereby acknowledge that my field experience placement with Norfolk Public Schools is voluntary and does not make me an employee of Norfolk Public Schools. I also acknowledge that I will not, under any circumstances, be eligible for Workers' Compensation benefits in the event I am injured out of my teaching experience.

I am currently enrolled in a private health/accident insurance plan ___yes ___no

Name of Plan: _____

Name of Subscriber: _____

Subscriber's Address: _____

Enrollment No: _____

It is my understanding that where other accident insurance is not available, I may be subject to coverage under a volunteer liability policy secured by Norfolk Public Schools, but this policy provides limited protection from both personal liability and injury claims arising out of this teaching experience.

Signature: _____ Date: _____

Witness: _____ Date: _____

(Over)