



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Department of Human Resources

PRACTICUM PLACEMENT REQUEST FORM

(for placements of 5 hours or more)

Directions: Please complete this form in duplicate for each placement requested. Use black ink and print clearly. Forward the form to the Department of Human Resources. Allow at least three weeks from the receipt of this form in the Department of Human Resources for placement confirmation. **Revised 2009**

PLACEMENT INFORMATION FROM THE STUDENT

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: _____

Do you have any family members in the school you have requested? _____

If yes, please explain _____

Total Number of Hours _____

I understand that **confidentiality** is a legal issue, and I agree not to discuss my experience in a manner that will allow identification of any individual. I will contact the school in advance to arrange a mutually convenient schedule.

Student's Signature

INFORMATION FOR THE VIRGINIA BEACH TEACHER

- * This practicum request has been coordinated through the Department of Human Resources.
- * The teacher who accepts this practicum request may earn one (1) license renewal point for each hour approved and designated on this form.
- * If more than one teacher works with the student, points may be divided. However, to receive points a teacher must mentor the student for a minimum of five (5) hours (equivalent to five points).

LICENSE RENEWAL POINTS

This placement is worth * _____ license renewal points. When the student completes the placement, please sign and date this form, add your social security or WISE number, obtain your principal's signature, and return this letter to the **License Renewal Analyst** in the License Renewal Office, Human Resources Department.

Teacher's Signature _____ SS or WISE Number _____

Principal's Signature _____ Date _____