FIELD-BASED EXPERIENCE REQUEST FORM

SUFFOLK

Please complete and submit this request form along with any documentation from your college/university verifying the placement request/requirements in person/mailed to the School Administration Office or by email to devrieswicks@spsk12.net.

PUBLIC SCHOOLS screened through the National Sex Offender Public Registry and required to provide evidence of a neggativeTB skin test within the last 12 months. Approved placements for 30 or more hours will also be required to purchase a division issued identification badge (\$5).

Allow at least three weeks from the receipt of this form for placement confirmation by email.

	Indicate Type of Pla	cement:	
Student observation	Student Participation		tudent Practicum
Student Teaching	Internship: Type		
Student P	lacement Information: Plea	ase print clearly or t	type.
Student's Name:			
Phone:	E-Mail:		
Local Address:			
(Street)	(City)	(State)	(Zip Code)
College/University:			
Degree Program:			
Anticipated Graduation/Completion [Date:		
Course Title:			
Professor/Instructor Name:			
Professor/Instructor Email:			
Subject Requested:		Grade	e Level:
School/Location Requested:			
equested Start Date:(End)			
Total Number of Hours Requested: _			
Additional information/requests:			
If you are a current employee of Suff	olk Public Schools, please	e indicate your pos	sition and location:
Current Position:			tion:
If you are a graduate of Suffolk Publi Kings Fork High Lakeland Hig	c Schools, please indicate h Nansemond River Hi	-	
Lakeland riig	The manacinona raver m	gii reai	_
 I agree to the aforementioned screening a I understand that CONFIDENTIALITY is a 		•	
 I will be responsible for contacting my ass 			my placement.
 I will notify my assigned cooperating teac 			of any intent to be absent from my assigned
responsibility.	i consitu anno con a attanzada con la cota	- th	
 I will provide a copy of my final college/ur I understand that failure to comply with th 			
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Student Signature: College/University Personnel: Please	South and the second of the second		Date:
College/University Personnel: Please College/University Personnel Only			
Conege/Onliversity Fersonile Only	Student Only Co	onege/ornversity Pe	STOUTHER & StuderIL
College/University Personnel Signature	:		_ Date: