



Department of Human Resources

312 Cedar Road  
Chesapeake, Virginia 23322  
(757)547-0001 • Fax (757)547-0252



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 or complete electronically.** 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 \_\_\_\_\_ Email \_\_\_\_\_

Local Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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.**

\_\_\_\_\_

- ❖ 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: \_\_\_\_\_