



### 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 Dr. Judy Jankowski at [jjankowski@cba-va.org](mailto:jjankowski@cba-va.org). Allow at least three weeks from receipt of this form for placement confirmation.

Please select from one of the following:

\_\_\_\_ 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 – End) \_\_\_\_\_

Briefly explain any special requests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Hours \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

*(Please initial each.)*

\_\_\_\_ 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 \_\_\_\_\_

Chesapeake Bay Academy Representative \_\_\_\_\_ Date \_\_\_\_\_