

APPENDIX D: LEVEL II FIELD EXPERIENCE APPLICATION

Section A: Candidate and Course Information

Last Name: _____			First Name: _____			MI: _____			
NSU ID#: _____			Major Initials (Must Match Program EVAL): _____						
Phone #: () _____			NSU E-mail Address: _____@spartans.nsu.edu						
Cellphone #: () _____			Alternate E-mail Address: _____						
Local Address: _____									
			(City)			(State)		(Zip Code)	
Methods Course: _____				Methods Course Instructor: _____					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary									
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/>									
			<input type="checkbox"/> Hawaiian/ Pacific Islander			<input type="checkbox"/> Hispanic/Latino/Latinex		<input type="checkbox"/> Multi-Racial	
			<input type="checkbox"/> Other (Specify) _____			<input type="checkbox"/> White/Caucasian/European American			
First Generation College Student? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Military Affiliation: <input type="checkbox"/> Active <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> None									
English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No									

Section B: Employment

Are you currently employed within a school division? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the district(s) _____	

Section D: Placement Information

1. Public School Request (LOCAL)		
School Level Preference (check one): <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High		
School Preference (name of school): _____		
School District Preference: _____		
Grade Level Preference: _____		
Subject/Content Area Preference: _____		

2. Public School Request (**outside of HAMPTON ROADS**)

School Level Preference (check one): _____Elementary _____Middle _____High

School Preference (name of school): _____

School District Preference: _____

Grade Level Preference: _____

Subject/Content Area Preference: _____

Initial next to each statement after reading: (**INITIALS MUST BE TYPED. SIGNATURES MUST BE HANDWRITTEN OR DOCUSIGNED**) No checkmarks, please.

_____ I have read both the OCESS Reminders and Guidelines for a field experience.

_____ I understand that I am responsible for abiding by these guidelines throughout my entire experience.

_____ I have attached the corresponding city form (applicable only for Virginia Beach, Norfolk, Suffolk, or Chesapeake school division requests).

_____ I have either attached a current, negative TB test and/or a current, negative TB test is already on file with the OCESS.

_____ I have attached the **COVID-19 Acknowledgement of Risk** form.

_____ I have attached the **VA HB1** waiver form.

_____ I have attached my **Level I Field Experience Record**

Background Verification Form

Addendum to Field Experience

Verification Form Directions: Read the **4** statements below carefully and then print your **name**, add your **signature** and **date** below the statement you can verify. Ensure you add only **ONE** signature and date. The form will need to be resubmitted if two signatures are noted.

I have not been convicted of a violation of law other than a minor traffic violation.
I do not have any criminal charges or proceedings pending against me.
I do not have a felony, misdemeanor, or other offense for drugs, sexual abuse, and/or child abuse.
I understand that if the above-mentioned conditions are violated, it can result in cancellation of the field experience.

Application Directions: Only verify **ONE** statement that is applicable to you regarding the 4 statements you carefully read above. When submitting requests for field placements by your **signature** and the **date to the correct** statement. The Background Verification Form will need to be redone if two signatures are noted:

Statement A: *If you are able to verify the above statements when submitting requests for field placements, please sign and date below:*

Print Name	Signature	Date

Statement B: *If you are unable to verify one or more of the above statements, please give a brief explanation below and schedule a conference with the Director, OCESS. Please sign and date below text box:*

Student Comments:		
Print Name	Signature	Date