

APPENDIX D: LEVEL I FIELD EXPERIENCE APPLICATION

Section A: Student and Course Information

Last Name: _____	First Name: _____	MI: _____
Student ID#: _____	Major Initials (Must Match Program EVAL): _____	
Phone #: () _____	NSU E-mail Address: _____	@spartans.nsu.edu
Local Address: _____	(City)	(State) (Zip Code)
Course: EDU 201	EDU 201 Course Instructor:	
Gender: _____Female	_____Male	_____Non-Binary
Ethnicity: _____American Indian	_____Asian	_____African American/Black
_____Hawaiian/ Pacific Islander	_____Hispanic/Latino/Latinex	_____Multi-Racial
_____Other (Specify) _____	_____White/Caucasian/European American	
First Generation College Student? _____Yes	_____No	
Military Affiliation: _____Active	_____Dependent	_____Retired _____None
English Language Learner: _____Yes	_____No	
Military Affiliation: _____Active	_____Dependent	_____Retired _____None
English Language Learner: _____Yes	_____No	

Section B: Employment

Are you currently employed within a school division? _____Yes _____No
If yes, please list the district(s) _____

Section D: Placement Information

<p>1. Public School Request (LOCAL)</p> <p>School Level Preference (check one): <input type="checkbox"/>Elementary <input type="checkbox"/>Middle <input type="checkbox"/>High</p> <p>School Preference (name of school): _____</p> <p>School District Preference: _____</p> <p>Grade Level Preference: _____</p> <p>Subject/Content Area Preference: _____</p> <p>2. Public School Request (outside of HAMPTON ROADS)</p> <p>School Level Preference (check one): <input type="checkbox"/>Elementary <input type="checkbox"/>Middle <input type="checkbox"/>High</p> <p>School Preference (name of school): _____</p> <p>School District Preference: _____</p> <p>Grade Level Preference: _____</p> <p>Subject/Content Area Preference: _____</p>
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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 a **VA HB1** waiver form.

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/Type 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/Type Name	Signature	Date