

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: <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		
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): Elementary Middle 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 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