

**STUDENT TEACHER, PRACTICUM, OBSERVATION, OR INTERNSHIP
PLACEMENT REQUEST FORM**

To be completed by **student teacher, practicum or observation student, or internship student** and submitted through the education department of the attending college or university.

TYPE OF REQUEST: _____ DATE: _____

I AM A NORFOLK PUBLIC SCHOOLS EMPLOYEE: YES _____ NO _____

NAME: _____

LOCAL ADDRESS: _____

TELEPHONE# (day) _____ (night) _____

CELLULAR PHONE # _____ EMAIL: _____

COLLEGE or UNIVERSITY _____ NUMBER OF CLOCK HOURS _____

BEGINNING DATE _____ ENDING DATE _____
MM/DD/YY MM/DD/YY

GRADE LEVEL/SUBJECT(1ST PLACEMENT) _____

GRADE LEVEL/SUBJECT(2ND PLACEMENT) _____

DEGREE SEEKING (Please Check) Bachelor's Master's Licensure Only

TRANSPORTATION: Car ___ Bicycle ___ Bus ___ Other ___ Car pool with _____

1. I understand that **CONFIDENTIALITY** can be a legal/professional requirement in certain circumstances; I agree to observe all applicable rules.
2. I will be responsible for contacting the building principal or the main office at least one week prior to beginning my placement.
3. I will notify my cooperating teacher/school if I am ill or otherwise unable to attend.
4. I have verification of a TB screening or TB skin test with negative results within the last 12 months.
5. I have not been convicted of a violation of law other than a minor traffic violation.
6. I have no criminal charges or proceedings pending against me.
7. I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape.
8. I understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY	
1 ST Placement _____	Date _____
2 nd Placement _____	Date _____

Attn: Director of Student Teaching
Please return to Norfolk Public Schools
Department of Human Resources
ATTN: Michael Sheets
msheets@nps.k12.va.us
Norfolk, VA 23510

**NORFOLK PUBLIC SCHOOLS
VOLUNTEER ACKNOWLEDGMENT FORM
FOR FIELD EXPERIENCE PLACEMENT**

Please Print

Name: _____

Address: _____

Phone: _____ Cellular Phone: _____

College or University: _____

Beginning Date: _____ Ending Date: _____

Through the execution of this document, I do hereby acknowledge that my field experience placement with Norfolk Public Schools is voluntary and does not make me an employee of Norfolk Public Schools. I also acknowledge that I will not, under any circumstances, be eligible for Workers' Compensation benefits in the event I am injured out of my teaching experience.

I am currently enrolled in a private health/accident insurance plan yes no

Name of Plan: _____

Name of Subscriber: _____

Subscriber's Address: _____

Enrollment No: _____

It is my understanding that where other accident insurance is not available, I may be subject to coverage under a volunteer liability policy secured by Norfolk Public Schools, but this policy provides limited protection from both personal liability and injury claims arising out of this teaching experience.

Signature: _____ Date: _____

Witness: _____ Date: _____