FIELD-BASED EXPERIENCE REQUEST FORM

SUFFOLK

Please complete and submit this request form along with any documentation from your college/university verifying the placement request/requirements in person/mailed to the School Administration Office or by email to lisawilliams@spsk12.net

PUBLIC SCHOOLS All applicants will be screened through the National Sex Offender Public Registry and required to provide evidence of a negative TB skin test within the last 12 months. Approved placements for 30 or more hours will also be required to purchase a division-issued identification badge (\$7).

Allow at least three weeks from the receipt of this form for placement confirmation by email.

	Indicate Type of Pla	acement:	
Student observation	Student Participation		udent Practicum
Student Teaching	Internship: Type		
Student I	Placement Information: Ple	ase print clearly or t	vne
Student's Name:			
Phone:			
Local Address:			
(Street)	(City)	(State)	(Zip Code)
College/University:			
Degree Program:			
Anticipated Graduation/Completion	Date:		
Course Title:			
Professor/Instructor Name:			
Professor/Instructor Email:			
Subject Requested:			
School/Location Requested:			
Requested Start Date:			
Total Number of Hours Requested:			
Additional information/requests:			
If you are a current employee of Sur	ffolk Public Schools, pleas	e indicate your pos	ition and location:
Current Position:		Locat	ion:
If you are a graduate of Suffolk Pub		-	
Kings Fork High Lakeland Hi	gn Nansemond River Hi	ign Year:	_
I agree to the aforementioned screening			
I understand that CONFIDENTIALITY is I will be reapposible for contacting my a			my placement
I will be responsible for contacting my a			my placement. f any intent to be absent from my assigned
responsibility.	ichenscribor of any filless that requi	iles my absence and/or o	rany intent to be absent from my assigned
I will provide a copy of my final college/u	university-approved attendance log	to the cooperating teache	r/administrator.
I understand that failure to comply with		, -	
Student Signature:			Date:
College/University Personnel: Pleas		ement confirmation s	
College/University Personnel Only	•		
College/University Personnel Signatur	·e:		Date: