

Chesapeake Public Schools

School Administration Building Post Office Box 16496 Chesapeake, VA 23328-6496

Human Resources Department

FIELD-BASED EXPERIENCE REQUEST FORM

Directions: Please complete this form by indicating below the type of field-based experience being requested. Use black ink and print clearly. Forward the form to the Human Resources Department. Allow at least three weeks from the receipt of this form in the Human Resources Department for placement confirmation.

Student Observation/Participation Student Practicum Student Teaching/Intern

	Phone:	E-Mail:	E-Mail:		
	Local Address:				
	(Street)	(City)	(State)	(Zip Code	
	College or University:				
	Course Title:				
	Professor/Instructor:				
	Subject Requested:		Grade Level:		
	Dates Requested:(Beginning)				
	(Beginning)		(Ending)		
	Briefly explain any special requests:				
	Total Number of Hours:				
	If you are a graduate of Chesapeake I	- Dublic Schools, plo	aga ligt the name	of the school	
	, ,	, 1			
*	Lunderstand that CONFIDENTIALITY i	is a legal issue: I agr	ee to observe all an	nlicable rules	
	I understand that CONFIDENTIALITY if I will be responsible for contacting the scho				
	I will be responsible for contacting the scho				
*	I will be responsible for contacting the schoplacement.	ool point of contact a	at least one week pr	rior to beginning	
*	I will be responsible for contacting the scho placement. I will notify my assigned teacher/school of	ool point of contact a any illness that requ	at least one week pr	rior to beginning	
*	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility.	any illness that requ	at least one week prince ires my absence ar	rior to beginning	
* * *	I will be responsible for contacting the scho placement. I will notify my assigned teacher/school of	ool point of contact a any illness that requ skin test taken withi	at least one week princes my absence aren the last year.	rior to beginning	
*	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of	any illness that requestion test taken within law other than a min	at least one week princes my absence aren the last year.	rior to beginning	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings proceedings.	any illness that requesting test taken within law other than a min pending against me.	at least one week printers my absence and the last year. nor traffic violation.	rior to beginning ad/or of any inte	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings I have not been convicted of any offense in	any illness that requesting test taken within law other than a min pending against me.	at least one week printers my absence and the last year. nor traffic violation.	rior to beginning ad/or of any inte	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings I have not been convicted of any offense in rape of a child	any illness that requestion test taken within law other than a min pending against me.	at least one week princes my absence aren the last year. nor traffic violation. estation, physical or	rior to beginning nd/or of any inte . r sexual abuse, o	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings I have not been convicted of any offense in rape of a child I understand that failure to comply with the	any illness that requestion test taken within law other than a min pending against me.	at least one week princes my absence aren the last year. nor traffic violation. estation, physical or	rior to beginning nd/or of any inte . r sexual abuse, o	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings I have not been convicted of any offense in rape of a child I understand that failure to comply with the assignment.	skin test taken within law other than a min pending against me. Involving sexual molecuse conditions can respond to the condit	at least one week prices my absence and the last year. For traffic violation, estation, physical or sult in CANCELL	rior to beginning and/or of any intended or of any intended or of any intended or of any intended or of the carrier to be a second o	
* * * * * *	I will be responsible for contacting the schoplacement. I will notify my assigned teacher/school of be absent from my assigned responsibility. I have verification of a negative tuberculin I have not been convicted of a violation of I have no criminal charges or proceedings I have not been convicted of any offense in rape of a child I understand that failure to comply with the	any illness that requisitions that requisitions that requisitions that requisitions that taken within a minimum than a minimum	at least one week prices my absence aren the last year. For traffic violation, estation, physical or sult in CANCELL	rior to beginning ad/or of any intended or of any intended or of any intended or of any intended or of the carrier to be a second or	

Date:_

College/University Personnel Signature: