



## 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: \_\_\_\_\_

Please print the following information clearly.

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(1<sup>ST</sup> PLACEMENT) \_\_\_\_\_

GRADE LEVEL/SUBJECT(2<sup>ND</sup> 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 <sup>ST</sup> Placement _____	Date _____
2 <sup>nd</sup> Placement _____	Date _____

Attn: Director of Student Teaching  
Please return to Norfolk Public Schools,  
Department of Human Resources  
ATTN: Mrs. Sonja R. Hale  
Norfolk, VA 23510

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

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home 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: \_\_\_\_\_