

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 # _____

_ Master's _ Licensure Only

TRANSPORTATION: Car ___ Bicycle ___ Bus ___ Other ___ Carpool 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 ~~or a criminal record involving sexual molestation physical or sexual~~

8. I understand that failure to comply with these or _____ that B 9.5 (ith) TJ 0 42 Td tre

ST Placement _____	Date _____
2 nd Placement _____	Date _____

Attn: Director of Student Teaching
Please return to Norfolk Public Schools
Department

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