Student Field Placement Request

1. **Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ On Campus ☐ Off Campus

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@rams.shepherd.edu EDUC\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Program Information**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_Art Education, P-Adult | \_\_\_\_\_Family and Consumer Sciences Education, 5-Adult | \_\_\_\_\_Spanish Education, 5-Adult |
| \_\_\_\_\_Biology Education, 9-Adult | \_\_\_\_\_General Science Education, 5-Adult | **Endorsement** |
| \_\_\_\_\_Chemistry Education, 9-Adult | \_\_\_\_\_Mathematics Education, 5-Adult | \_\_\_\_\_Early Education, Pre-K-K |
| \_\_\_\_\_Early Education, Pre-K-K | \_\_\_\_\_Music Education, P-Adult (Instrumental or Vocal) | \_\_\_\_\_Health Education, 5-Adult |
| \_\_\_\_\_Elementary Education, K-6 | \_\_\_\_\_Physical Education, P-Adult | \_\_\_\_\_Mathematics Education, 5-9 |
| \_\_\_\_\_English Education, 5-Adult | \_\_\_\_\_Social Studies Education, 5-Adult  | \_\_\_\_\_Social Studies Education, 5-9 |

1. **Previous Field Experiences**

*Please provide course number, name of public school, grade level, and name of host teacher.*

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUC \_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade & Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal Information**
2. High School Graduate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you employed in any capacity by any school system? ☐ Yes ☐ No
4. If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have any relatives employed by any local school system? ☐ Yes ☐ No
6. If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you have any relatives attending school in any local school system? ☐ Yes ☐ No
8. If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Agreements**

*All statements must be checked for request to be processed.*

☐ I understand that I am not permitted to contact any school(s) to make my own arrangements, under any circumstances, even if I have a friend or family contact in the school system.

☐ I understand that I may be placed in any partner school for my field placement. Placements cannot be guaranteed based on preferences or special requests.

☐ I understand that my placement will not be changed once it is confirmed by the school system. An exception is to a request by the school system, if any change is made students will be notified.

☐ I understand that I am responsible for providing my own transportation to the assigned school.

 \_\_ I do not have my own transportation. I understand that a placement within walking distance will be requested but cannot be guaranteed.

☐ I understand that I must have proof of a current TB test prior to reporting to any assigned school for field experience.

☐ I understand that I am responsible for obtaining teacher contact information after I have receiving a confirmed field placement.

☐ I understand that I must fulfill all scheduled hours of my field experience.

☐ I understand that I am responsible for contacting my instructor and the field placement coordinator (hbaker@shepherd.edu) immediately should I no longer need a field placement.

☐ I understand that I may not complete my field experience at a school where my family members and or relatives are currently attending or employed in any capacity.

☐ I understand that I may not serve as a substitute teacher in the assigned classroom for field placement.

☐ I understand that I must be under the supervision of a licensed teacher at all times during field placement.

☐ I understand that my field experience must be completed in the area of which I am seeking certification.

☐ I have read & understand the conditions & consequences of voluntary withdrawal and involuntary withdrawal procedures as found in the Shepherd University Teacher Education Program Practicum Manual.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_