

Student Field Shadow Request

1. Student Information

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

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@rams.shepherd.edu MUSC 100 Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SHADOW DATE | M | T | W | H | F |
| October | 23 | 24 | 25 | 26 | 27 |
| October/November | 30 | 31 | 1 | 2 | 3 |

Please circle the county you *prefer* to be placed in for field experience: Berkeley Jefferson Morgan

1. Program Information

\_\_\_\_\_ Music Education, P-Adult Select Emphasis: \_\_\_\_\_ Vocal

 \_\_\_\_\_ Instrumental

1. Previous Field Experiences

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

 \_\_\_\_\_ 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

 If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any relatives employed by any local school system? ☐ Yes ☐ No

 If yes, please identify district/school(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any relatives attending school in any local school system? ☐ Yes ☐ No

 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 local 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 must fulfill all scheduled hours of my field experience.

☐ I understand that I am responsible for obtaining the contact information for an assigned teacher after I have received an assignment for 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 I currently or have previously worked in any capacity.

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

☐ I understand that I may not return to the high school where I graduated to complete field experience.

☐ 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 from a field experience. (SEE PAGE 2)

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4/2015