

# 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 ~~offense~~ 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 <sup>nd</sup> 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