

# EMPORIA STATE UNIVERSITY

## Volunteer Tutor Field Placement Request

### **Part I. Candidate Information and Placement Information (completed by Candidate and forwarded to Faculty Supervisor)**

Name: \_\_\_\_\_ E number: \_\_\_\_\_

Signature: \_\_\_\_\_

By providing my signature, I am giving consent for OFPL to share the information on this form, with the school district(s) or agency listed below.

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

Street City State Zip  
E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Semester of Placement: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Advisor or Instructor: \_\_\_\_\_ # of weeks: \_\_\_\_\_ # of clock hours: \_\_\_\_\_

School District Name and Number (or agency): \_\_\_\_\_

Site preference and requested on-site supervisor: \_\_\_\_\_  
(District or agency may choose site and/or supervisor if preferred.)

Level/Grade Requested: \_\_\_\_\_ Are you currently teaching at a PK-12 public school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you asking for a placement at the school you are teaching in? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Volunteer Dates: Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

### **Part II. Faculty Approval (completed by Faculty Supervisor and forwarded to OFPL)**

Name and Signature of Faculty Supervisor: \_\_\_\_\_

### **Part III. School District/Agency Approval (completed by School District or Agency and returned to OFPL)**

School District or Agency Signature/Approval: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School Principal or Agency Administrator: \_\_\_\_\_

Cooperating Teacher/On-Site Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Candidate/student needs to report to (if different from On-Site Supervisor): \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Approved with condition(s): \_\_\_\_\_

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