

EMPORIA STATE UNIVERSITY

■ School of LIBRARY &
INFORMATION MANAGEMENT

Request for **School Library** Practicum Placement

Instructions for students requesting practicum placement(s) in Kansas

(If you require a practicum in another state, please contact Dr. Smith for assistance. Do not use this form, as requirements and deadlines are different.)

1. Download forms to your computer and complete the “Student Information”, “Practicum Course Information”, and “Placement Request” sections.
 - *Forms contain fill-in fields.*
 - *Entries must be typed. Hand-written forms will not be accepted.*
 - *You **must not** contact any school or district personnel directly.*
 - *You may find the Kansas Educational Directory (www.ksde.org directories section) helpful for completing address and contact information.*
 - *You must select a district. If you do not have a preference for a specific school within that district you may leave the school information blank.*
2. Be sure to email the completed placement forms as attachments to Beverley Buller at bbuller1@emporia.edu and to cc **your SLIM advisor on the email.**
3. Keep copies of the forms for your own records.
4. You must wait until you have received official notice of approval from the ESU Office of Field Placement and Licensure before contacting your supervisor or reporting to your placement site. Approval of the building principal is insufficient authority in most districts. No work completed before official approval is received may be counted toward the practicum requirement and any attempt to circumvent the correct procedures will be grounds for withdrawal from the practicum.
5. Notify the Office of Field Placement, Beverley Buller, and your SLIM advisor immediately if there is any change in your placement such as a supervisor or location change, or if you encounter any problems.

Read and understand

All Kansas students: you may **not**, repeat **NOT** contact any school, school district, library media specialist, principal or teacher to request a practicum experience. The only entity authorized by Kansas law to make any request for a practicum placement is The Emporia State University Office of Field Placement and Licensure. It does not matter what you have heard, or read, or what previous students have done. You should have no contact with schools. This is the law.

Please make sure you complete the student portion of the request form in its entirety. Make sure you designate the requested level (elementary or secondary) and the requested semester. Forms that are not completed will not be processed. *You should generally not request a placement in a school where you currently work.* Exceptions may be made if you live in a smaller community and there simply aren't many schools, particularly at the secondary level. (It is reasonable to expect you to travel outside your immediate community to complete a portion of your practicum hours, if no placement is available close by.)

All practicum placements are at the discretion of the appropriate school district and school principal, and no particular school or district can be guaranteed. (All pre-existing “arrangements” are requests only, and are subject to approval at the district level. Please do not attempt to circumvent the established procedures of the Teachers College, the individual school districts, and the State of Kansas Department of Education.)

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Practicum Course Information

Level Requested:
(Elementary or Secondary) _____

Semester: _____

Instructor: Beverley Buller

Instructor's
Signature: _____

Student Information

Name: _____

Email: _____

Local Phone: _____

Cell Phone: _____

Work Phone: _____

Placement Requested Including all Contact Information (see www.ksde.org under "Directories" for placement officer and contact information)

District Name: _____ District Number: _____

District Placement Contact: (If Placement Officer unknown, list Principal or Superintendent) _____ Placement Contact Title: (e.g. "Placement Officer", "Principal") _____

Placement Contact Address: _____

Placement Contact Phone: _____ Email: _____

School Preference: _____ Supervisor Preference: _____

School Address: _____

Level/Grade Requested: _____ Approx. Start and End Dates: (specific schedule to be arranged with on site supervisor) _____ Number of Weeks: _____

Are you currently teaching at a PK-12 School? _____ If yes, where? _____

Approval Section

(To be completed by school district or agency official having authority to grant approval of all laboratory experience placements.)

This request is: approved as requested ___ disapproved ___ approved with the following conditions: _____

Assigned School/Agency: _____

Address: _____

Street

City

State

Zip

On-Site Supervisor/ Cooperating Teacher: _____ Title: _____

Years of Experience (must have **2 yrs** or more fully licensed library media specialist experience) _____

Phone: _____ Cell Phone: _____ Email: _____

Student needs to report to (if different from On-Site Supervisor) _____

Phone: _____ Cell Phone: _____ Email: _____

School Principal Approval

School District or Agency Official Signature for Approval

Return form to: OFPL-ESU
1 Kellogg Circle, Campus Box 4036, Emporia, KS 66801
Direct questions to: 620-341-5447