

# EMPORIA STATE UNIVERSITY

## Field Experience 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: \_\_\_\_\_

#### **Write in the course(s) below:**

Course # \_\_\_\_\_ Course name \_\_\_\_\_ # of Cr. Hrs. \_\_\_\_\_

Semester: \_\_\_\_\_ Course Instructor: \_\_\_\_\_ # of weeks: \_\_\_\_\_ # of clock hours: \_\_\_\_\_

School District Name and USD 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: \_\_\_\_\_

Field Experience 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_