REQUEST FOR FIELD EXPERIENCE PLACEMENT
for Out-of-County or Private School Placements

Student's Name: ______________________________________
ID#: __________________________________________
E-mail: __________________________________________
Phone: __________________________________________
EDP Instructor: ___________________ Phone: ____________
Course: _______ Section ______
Teaching Major(s) / Area of Emphasis Certification:
_______________________________________________
Provide information pertaining to the nature of this field placement experience.
Requirements:
Number of visits ________
Length of each visit ______
Times available ___________ morning
_______________ afternoon
__ to observe
__ to assist
__ to teach whole class
__ to tutor individual or small group

Note to the Teacher: The student has been instructed to register in the school office and visit your classroom as indicated above. If this is not convenient, please contact the student directly.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
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<tbody>
<tr>
<td>School ___________________________ Date: _____</td>
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<tr>
<td>Teacher ___________________________</td>
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<tr>
<td>Teacher Signature____________________ Date: _____</td>
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<tr>
<td>Principal _________________________</td>
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<tr>
<td>Principal Signature________________ Date: _____</td>
</tr>
<tr>
<td>EDP Instructor ____________________ Date: _____</td>
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</tbody>
</table>
NOTE: Students must secure signatures of Principal and Teacher on the first visit and bring original form to 104 Taylor Education Bldg.