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

Teacher Training Institution: University of Kentucky
Student’s Name:_________________________ Student ID#:_____________________
Student’s Email:_________________________ Student’s Phone #:__________________
EDP Instructor:_________________________ Course#:__________ Section#:__________
Teaching Major/Area of 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/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.

ASSIGNMENT
School & District:____________________________________________________________

Teacher’s signature:_________________________________________ Date:____________
Teacher’s printed name:_______________________________________________________

Principal’s signature:_________________________________________ Date:____________
Principal’s printed name:_______________________________________________________

EDP Instructor’s signature:_________________________________________ Date:__________

NOTE: Students must secure the signatures of Principal and Teacher on the first visit and bring
original form to 104 Taylor Education Building.