

University of Kentucky Clinical Practices & School Partnerships
104 Taylor Education Building
Lexington, KY 40506-0001
Telephone: (859) 257-1857

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: _____ to observe

Length of each visit: _____ to assist

Times available: _____ morning _____ to teach whole class

_____ afternoon _____ 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.

<p>ASSIGNMENT</p> <p>School & District: _____</p> <p>Teacher's signature: _____ Date: _____</p> <p>Teacher's printed name: _____</p> <p>Principal's signature: _____ Date: _____</p> <p>Principal's printed name: _____</p> <p>EDP Instructor's signature: _____ Date: _____</p>

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