

## **Chesapeake Public Schools**

School Administration Building Post Office Box 16496 Chesapeake, VA 23328-6496

Human Resources Department

## FIELD-BASED EXPERIENCE REQUEST FORM

**Directions**: Please complete this form by indicating below the type of field-based experience being requested. Use black ink and print clearly. Forward the form to the Human Resources Department. Allow at least three weeks from the receipt of this form in the Human Resources Department for placement confirmation.

Student Observation/Participation Student Practicum Student Teaching/Intern

	Phone	F_Mail:		
	Phone: Local Address:	L-Man.	E-Mail:	
	(Street)	(City)	(State)	(Zip Code
	College or University:	(0.13)	(Glato)	(=.p 0000
	Course Title:			
	Professor/Instructor:			
	Subject Requested:		Grade Level:	
	Dates Requested:		<u>-</u>	
	Dates Requested: (Beginning)		(Ending)	
	Briefly explain any special requests:		( " 6)	
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College/University Personnel Signature: \_\_\_\_\_\_ Date:\_\_\_