



School Administration Building

1421 Kristina Way • Chesapeake, VA 23320

757-547-0153 cpschools.com

FIELD-BASED EXPERIENCE REQUEST FORM

Please return this completed form to Chesapeake Public Schools Department of Human Resources.

Please use black ink and print clearly or complete the form electronically. Return the form via email to Laurie Edgar, Human Resources Employee Relations Administrator at laurie.edgar@cpschools.com.

Type of placement requested

- Student Observation/Participation
- Student Practicum
- Student Teaching
- School Counseling Internship
- Speech, Occupational or Physical Therapist Internship
- School Social Worker or School Psychologist Internship
- Administrative Internship

Student information

Student Name _____

Local Address _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Phone _____ Email _____

Placement Details

College or University _____

Program of Study _____

Requested Placement Content Area _____

School and/or grade level (if applicable) _____

Total Number of Placement Hours Required _____

Dates of Placement _____
(Beginning) _____ (Ending) _____

Student's school or geographic preferences (will be granted if possible, but not guaranteed)

Please note any special requests _____

If the student is a graduate of Chesapeake Public Schools, please note the name of the school.

Student Agreements

I understand that Confidentiality is a legal requirement. I agree to observe all applicable rules and regulations.

I will contact my assigned cooperating professional/school or department contact at least one week prior to the start of my field experience.

I will notify my assigned cooperating professional/school or department contact of any situation that requires me to be absent from my placement.

I have verification of a negative tuberculin skin test taken within the last year.

I have not been convicted of a violation of law other than a minor traffic violation.

I have no criminal charges or proceedings pending against me.

I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape of a child.

I do not have any Child Abuse or Neglect findings against me.

I understand that failure to comply with the rules and regulations of Chesapeake Public Schools may result in Cancellation of my field experience placement.

If the student is currently employed with Chesapeake Public Schools please note the following:

Current employment position _____

School/Department location _____

_____ Student Signature

_____ Date

College/University Field Coordinator or Professor requesting this placement:

_____ (Name)

_____ (Signature)

Email _____ Phone _____