# FIELD-BASED EXPERIENCE REQUEST FORM

Please complete and submit this request form along with any documentation from your college/university verifying the placement request/requirements in person/mailed to the School Administration Office, or by email to sagaredawilder@spsk12.net.

**Emailed forms will ONLY be accepted from College/University personnel.**

**All applicants will be screened through the National Sex Offender Public Registry and required to provide evidence of a negative TB skin test within the last 12 months. All applicants must have a background check completed by the college/university before submitting this request form.** All approved placements require the student to purchase a division-issued identification badge ($7).

**Please allow at least three weeks from the receipt of this form for placement confirmation by email.**

**Indicate Type of Placement:**

☐ Student observation ☐ Student Participation ☐ Student Practicum
☐ Student Teaching ☒ Internship: Type School Counseling

**Student Placement Information:** Please print clearly or type.

**Student's Name:** _____

**Phone:** _____ **E-Mail:** _____

**Local Address:** _____

**(Street) (City) (State) (Zip Code)**

**College/University:** Regent University

**Degree Program:** M.A. School Counseling

**Anticipated Graduation/Completion Date:** _____

**Course Title:** Internship in School Counseling

**Professor/Instructor Name:** TBD

**Professor/Instructor Email:** TBD

**Subject Requested:** School Counseling **Grade Level:** _____

**School/Location Requested:** _____

**Requested Start Date:** 01/11/2027 **(End)** 05/01/2027

**Total Number of Hours Requested:** 300

**Additional information/requests:** _____

***If you are a current employee of Suffolk Public Schools, please indicate your position and location:***

Current Position: _____ Location: _____

***If you are a graduate of Suffolk Public Schools, please indicate the school and year:***

☐ Kings Fork High ☐ Lakeland High ☐ Nansemond River High Year: _____

- I agree to the aforementioned screening and division requirements for approved placements.
- I understand that CONFIDENTIALITY is a legal issue; I agree to observe all applicable policies
- I will be responsible for contacting my assigned cooperating teacher/administrator prior to beginning my placement.
- I will notify my assigned cooperating teacher/school of any illness that requires my absence and/or of any intent to be absent from my assigned responsibility.
- I will provide a copy of my final college/university-approved attendance log to the cooperating teacher/administrator.
- I understand that failure to comply with these conditions can result in the cancellation of the placement.

Student Signature: _____ Date: _____

**College/University Personnel:** Please indicate to whom the placement confirmation should be sent:

☐ College/University Personnel Only ☐ Student Only ☐ College/University Personnel & Student

College/University Personnel Signature: _____ Date: _____