



EMPLOYMENT AND PLACEMENT CONFIRMATION FORM

Important Note: A fully completed and signed form must be submitted as part of placement request documents by students who wish to do early field experiences, preclinical, or student teaching in classrooms or schools in which they are employed.

Name: _____ Major: _____

Banner ID: _____ Semester: _____ Year: _____

Phone: _____ Rams Email: _____

Type of Experience Sought (Check all appropriate boxes)	<input type="checkbox"/>	Course-related early field experiences
	<input type="checkbox"/>	Preclinical
	<input type="checkbox"/>	Student Teaching
Employing District and School:		
Position during field experience:		
Grade(s) taught:		Subject(s) taught:
Major/Licensure Area:		
Field Experience Course(s):		
Principal's/Director's Information:	Name:	
	Phone Number:	
	Email:	
Cooperating Teacher's Information:	Name:	
	Phone Number:	
	Email:	

Principal's/Director's Approval:

I permit _____ to use his/her classroom to fulfill requirements for early field experiences, preclinical, and/or student teaching as outlined above and in accordance with program guidelines and expectations described in the *Field Experiences, Preclinical and Student Teaching Handbook*. I also certify that the candidate has a clear health record, background check, and liability insurance (as applicable) on file (Please cross out those documents that you are not able to verify).

Principal's/Director's Signature: _____ **Date:** _____

Cooperating Teacher Approval (Preclinical and Student Teaching Only):

I permit _____ to complete early field experiences, preclinical and/or student teaching in my classroom where s/he is employed. I agree to allow him/her to assume teaching responsibilities in accordance with program guidelines and expectations described in the *Field Experiences, Preclinical and Student Teaching Handbook*.

Cooperating Teacher's Signature: _____ **Date:** _____

Student Approval:

I wish to complete early field experiences, preclinical, or student teaching (circle all that apply) in the classroom where I am employed. I have secured the necessary approvals above.

Student's Signature: _____ **Date:** _____



WSSU

Office of Field and Clinical Experiences . 201-A Anderson Center . p336-750-2559 . f336-750-2375

GIA-8/2012