

**Dewar College of Education and Human Services  
Application for Field Experience Placement**

**Please TYPE IN your responses or PRINT your responses legibly.**

Field Experience Course: \_\_\_\_\_ Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

Name: \_\_\_\_\_ VSU ID #: 870 - \_\_\_\_\_

Your VSU e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (ZIP Code) Phone: (\_\_\_\_) \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Have you worked as a paraprofessional in any schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list schools: \_\_\_\_\_

Do you have any medical conditions of which the university or the field experience site should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Do you have family (e.g. children, parents, brothers, sisters, aunts, uncles, in-laws) **working** or **enrolled** in any schools or school systems now? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the county and school name: \_\_\_\_\_

Do you have any **special needs**\*\* that should be considered in making your field experience placement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

(\*\*Special Needs—Health Problems or Personal Issues)

**If yes, please explain:**

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**Please consider the following points VERY carefully:**

- Once placements are made, they will **not** be changed.
- Students will be placed in a site appropriate for their field experience. However, students are not assured of any particular school, any particular teacher in a school, or any particular grade level--nor may students request a particular school, teacher, or grade level.
- Students are **not** to contact individual schools, school systems, teachers, and/or administrators about field experience placements.
- The Dewar College of Education and Human Services reserves the right to refuse to place a field experience student at any particular school or within any particular school system.
- While we will work to assist our students with problems and special needs, we cannot guarantee to accommodate every request.

**Previous Field Experience/Observation Experiences**

Please list below the schools AND GRADE LEVEL at which you have participated in for any field experience/observation experiences in your professional education coursework at VSU (including this semester):

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Student**

Please answer the following questions. Keep in mind, these responses will not only aid the Office of Field Experiences and Clinical Practice with a better understanding of you as a teacher candidate, but will likely be provided to the school administration and/or mentor teacher of your placement.

1. Two strengths I will bring to the classroom are:

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2. Two areas in which my mentor teacher can help me grow professionally are:

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3. From prior field experiences I have learned:

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I understand that I will be subject to follow the background check guidelines of the school system in which I am to complete my field experience. If I do not comply with the background check requirements of my school system, I understand my field experience placement will be terminated and I will not be allowed to complete my field experience. I also certify that nothing has changed in my criminal background history since my criminal background check was completed.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_