VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Department of Human Resources

PRACTICUM PLACEMENT REQUEST FORM

(for placements of 5 hours or more)

Directions: Please complete this form in duplicate for each placement requested. **Use black ink and print clearly**. Forward the form to the Department of Human Resources. Allow at least three weeks from the receipt of this form in the Department of Human Resources for placement confirmation.

PLACEMENT INFORMATION FROM THE STUDENT

Student's Name____

Phone____________________________ E-Mail______________________________

Local Address____

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

College or University____

Course Title____

Professor/Instructor____

Subject Requested_______________________________ Grade Level__________

Dates Requested____

(Beginning) (Ending)

Briefly explain any special requests:__________________________________

____

____

Total Number of Hours______________________

I understand that **confidentiality** is a legal issue, and I agree not to discuss my experience in a manner that will allow identification of any individual. I will contact the school in advance to arrange a mutually convenient schedule.

____

Student's Signature

* *

INFORMATION FOR THE VIRGINIA BEACH TEACHER

* This practicum request has been coordinated through the Department of Human Resources.
* The teacher who accepts this practicum request may earn one (1) license renewal point for each hour approved and designated on this form.
* If more than one teacher works with the student, points may be divided. However, to receive points a teacher must mentor the student for a minimum of five (5) hours (equivalent to five points).

LICENSE RENEWAL POINTS

This placement is worth ***______** license renewal points. When the student completes the placement, please sign and date this form, add our social security number, obtain your principal's signature, and return this letter to the **License Renewal Analyst** in the Department of Human Resources.

Teacher's Signature___________________________ Social Security Number______________

Principal's Signature__________________________ Date______________________________