



APPLICATION FOR STUDENT FIELD EXPERIENCE/TEACHING

Name (Last, First and Middle)

Application Date

Address

Phone/Cell number

City State Zip

Email address

University

University Phone

University Advisor

Advisor Contact Number

PLACEMENT REQUEST

Assignment Dates: Select ONE of the following:

- Field Experience Only (Teacher): Number of Observation Hours: _____ | Dates: _____ to _____
- Student Teaching Placement: School Year _____ | Semester: fall spring
 Placement 1: (begin date) _____ (end date) _____
 Placement 2: (begin date) _____ (end date) _____
- Field Experience (Principal/Counselor/Nurse/SLP/other): # Shadow/Intern/Practicum Hours: _____ | Dates: _____ to _____

Preferences for which the field experience/student teaching is requested:

- Elementary Education. Preference: Pre-K K 1 2 3 4 5
- Secondary Education. Preference: 6-8 9-12. Subject(s): _____
- Special Education: Preference: Pre-K K-5 6-8 9-12.
- K-12 (circle your specialty: PE, AG, art, music, language, other _____): Preference: Elementary Secondary

Special Requests (if any): (Special requests are considered but not guaranteed.)

- Campus _____ Mentor _____

*Please attach a letter of confirmation for this placement from your university/advisor.

Student Teacher Signature: _____ **Date:** _____

For office use only – check that each item is included with the application.

_____ University Confirmation Letter | _____ PISD Placement Request Form | _____ Criminal History /Fingerprinting

FIELD EXPERIENCE

Campus _____ Mentor _____ Grade Subject _____

STUDENT TEACHING

Placement 1: Campus _____ Mentor _____ Grade/Subject _____

Placement 1: Campus _____ Mentor _____ Grade/Subject _____

Placement approved by: _____ Date: _____



Criminal History Authorization

The information requested on this form and a copy of your driver's license are required by any school district in which you seek to complete field experiences or student teaching, in conformity with TEC 22.0835. I understand that the information I am providing will not be used to determine eligibility but will be used solely for the purpose of obtaining criminal history record information.

Full Name: _____
(please print) Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Please complete ONE section below:

For current PISD employees, please complete the information in this section only: Current employees of PISD have completed the criminal history and fingerprinting process. It is not necessary to fill out the rest of this form for field experience hours or student teaching.

Are you currently an employee of PISD? Yes No **Campus:** _____ **Current Position:** _____

For field experience observation hours, please complete the information in this section only: PISD conducts a Computerized Criminal History (CCH) verification check.

Sex: Male Female **Ethnicity:** Hispanic/Latino Not Hispanic/Latino

Race:
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian Black or African American White

Height _____ **Weight** _____ **Eye color** _____ **Hair color** _____ **Place of Birth** _____

For student teaching placements, please complete the information in this section only: Fingerprinting analysis is required for student teaching placements. If the fingerprinting process has been completed, PISD will subscribe to the applicant. If fingerprinting has not been completed, PISD will call the applicant to schedule a fingerprinting appointment, and the applicant will be responsible for paying the fee.

Driver's License Number: _____ | Expiration Date: _____
 Social Security Number: _____

I have previously completed the fingerprinting process. Please subscribe.
 I will need to complete the fingerprinting process. Please contact me to schedule an appointment.

I have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and date of birth identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, Princeton ISD is not allowed to discuss any criminal history record information obtained using the name and date of birth method. Therefore, the Princeton ISD may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and date of birth search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to Princeton ISD, and pay a fee to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and Princeton ISD receives the data from DPS, the information on my fingerprint criminal history may be discussed with me.

Signature _____

Date _____