



## Student Teacher/Observer Request

**Students:** Please submit this completed form to your College/University Program Advisor for approval.

**Program Advisors:** Please send this completed form via e-mail to [hr@kisd.org](mailto:hr@kisd.org).

Date: \_\_\_\_\_

Student's Last Name (as shown on driver's license): \_\_\_\_\_

Student's First Name (as shown on driver's license): \_\_\_\_\_

Student's E-mail: \_\_\_\_\_

College/University or Certification Program Name: \_\_\_\_\_

Advisor's Contact Name (first and last): \_\_\_\_\_

Advisor's Email Address: \_\_\_\_\_

Student's Content Area Preference: \_\_\_\_\_

Level Preference:    PreK-1<sup>st</sup> ☐    2nd-3rd ☐    4th-5th ☐    6th-8th ☐    9th-12th ☐

Request Type:    Observe ☐    Student Teacher ☐    Intern ☐

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special requests:

\_\_\_\_\_

\*Kilgore ISD will make every effort to place students per their preference.

Is the student teacher/observer a graduate of Kilgore ISD?    Yes ☐    No ☐

Has the student worked or substituted for KISD?    Yes ☐    No ☐

Approval and notice of placement will be emailed to the Program Advisor. After approval, the student teacher will contact the cooperating teacher directly for schedule arrangements.

### For Office Use:

\_\_\_\_\_ DPS Audit Verification Received  
\_\_\_\_\_ Copy of Driver's License Attached  
\_\_\_\_\_ Confidentiality Agreement Received  
\_\_\_\_\_ Criminal History Processed  
\_\_\_\_\_ Campus Notified