Gwinnett County Public Schools Request for Student Placement

The following is a request for field experience hours. If there are any questions or concerns, please contact the Student Teaching Office at Student.Teaching@gcpsk12.org. Thank you.

Name of College/University	
Student Name	
Student Email	
GaPSC Pre-Service Certificate ID #	
Was the student previously employed with GCPS?	**Yes_____ No____**
Semester and Dates of Placement (Include # of hours needed)	
Type of Placement (Observation, Field Experience, Practicum, etc.)	
School Requested (You can list multiple options)	
Subject Area / Grade Level(s)	
Is the student Bilingual or Biliterate? (Write if applied and list the Language(s)	
A stipend will be provided by the college/university?	**Yes _____ No ____**
Supervising Teacher (Write your name if requesting a specific teacher)	Please assign with certification I.D. and email address "for GCPS submission-only"
Request is:	**Approved _____ Declined _____**
GCPS School Designee Signature and Date	

College Contact:
Phone #:
Email address:

Please return the completed form by email or fax to:

Student Teaching at Student.Teaching@gcpsk12.org

Phone 678-301-6000