

# Delano Union School District

Office of Rosalina C. Rivera, Superintendent

Department of Human Resources

Joseph Hunter, Assistant Superintendent of Human Resources

1405 - 12<sup>th</sup> Avenue, Delano, California 93215

(661) 721-5000 x 00162 ~ Fax (661) 721-5014

## Request for Classroom Placement to Fulfill Coursework Requirement

This request is intended for undergraduate students at a college or university who are not currently enrolled in a teaching credential program, yet need to schedule classroom visitations/fieldwork as a requirement of a course he/she is taking. A copy of the syllabus listing the requirement(s) for the necessary visitations/fieldwork must be provided. Please note that any students completing coursework requirements with the District shall always do so under the direct supervision of a classroom teacher.

The following is required before the observation may begin:

- Completion of this form and a copy of syllabus is all that is required
- A copy of a current California Driver's License or Identification Card
- A valid tuberculosis (TB) clearance
- Fingerprint Clearance

Prior to the approval of this request by the Assistant Superintendent of Human Resources or designee, please present this request to the principal at the site you wish to fulfill your coursework requirement.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

College/University: \_\_\_\_\_ Course Name/Number \_\_\_\_\_

Short description of coursework requirement(s): \_\_\_\_\_

\_\_\_\_\_

Site Requested \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Yes No

Have you ever been convicted of or are you awaiting trial for any crime?

If you answered yes to the above question, please attach a complete and accurate explanation of the circumstances to this form. An answer of yes will not necessarily disqualify you from being placed in a classroom. Any information provided in connection with a yes response will be kept confidential.

Dates or days volunteer observation services will be performed: \_\_\_\_\_

## CERTIFICATION

I hereby certify that all statements made on this form and any attachments are true and complete to the best of my knowledge and authorize investigation of all statements here in record.

Signature of Observer \_\_\_\_\_

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

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### Office Use Only

\_\_\_\_\_ Driver's License/I.D.

Valid through: \_\_\_\_\_

\_\_\_\_\_ TB Clearance Submitted

Valid through: \_\_\_\_\_

\_\_\_\_\_ Fingerprint Clearance

HR Office Approval \_\_\_\_\_

\_\_\_\_\_ Syllabus

HR Office Approval \_\_\_\_\_

NOTE: Observers are not to provide services until this form is completed and signed by the Assistant Superintendent of Human Resources or designee.