



Request Form

Please attach Student Teacher Observation or Placement Request Form, Class Syllabus, or Alternative Certification Program Acceptance Letter

Campus Preference:

1st _____
2nd _____
3rd _____

Please check one:

☐ SUBSTITUTE TEACHER ☐ OBSERVATIONS ☐ STUDENT TEACHER ☐ INTERN ☐ FIELD EXPERIENCE

Name of College, University or Program: _____

Number of Observation Hours Needed to Complete: _____

Semester Request: _____

☐ VOLUNTEER

Volunteer at Campus: _____

Does individual have a child at this campus? ____ YES ____ NO

Candidate Name: _____

Candidate Address: _____

Candidate e-mail address: _____

Candidate contact number: _____

Important: All requests for student teacher or observer placements must go through the PSJA ISD Human Resources. Do not contact campus principals or individual teachers directly. Failure to follow the proper procedure may result in your request being dismissed.

The Student Teacher/Observer is responsible for communicating with the campus in a timely manner to schedule his/her program requirements once approved by Human Resources. Student teachers are required to follow the PSJA ISD district dress code.

Signature _____

Date _____

Name Base Criminal History check:

Search #: _____

Conducted by: _____

Date: _____

Fingerprint Subscription:

ID #: _____

Subscribed by: _____

Date: _____

APPROVED: ☐ YES ☐ NO

By: _____

Authorized Approver

Revised June 2026

START COLLEGE NOW! COMPLETE EARLY! GO FAR!

601 E. Kelly St., Pharr, TX 78577 P: (956) 354-2013 F: (956) 354-3013 www.psjaisd.us

It is the policy of Pharr-San Juan-Alamo ISD not to discriminate on the basis of sex, disability, race, color, religion, national origin or age.

Criminal History Information Request

Confidential

The Pharr-San Juan- Alamo Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.*

Please print.

Name _____
Last First Middle

Mailing Address _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Driver's License or State Issued Identification _____
State and Number

Sex: ☐ Male ☐ Female

I understand that the information I am providing will be used *solely* for the purpose of obtaining criminal history record information.†

Signature

Date

* The information requested is required to complete a name-based criminal history information check with the Texas Department of Public Safety.

† This form will be removed from the application and filed separately in the HR office.

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:

Date:

Sign and date to acknowledge the statement above.

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: Pharr-San Juan-Alamo ISD

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)

PHARR-SAN JUAN-ALAMO INDEPENDENT SCHOOL DISTRICT

TB Questionnaire

Date _____

Name _____ Date of Birth _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by you.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if you have been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: have you been around anyone with any of these symptoms or problems? or have you had any of these symptoms or problems? or have you been around anyone sick with TB?	☐	☐	☐
Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?	☐	☐	☐
Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____	☐	☐	☐
To your knowledge, have you spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	☐	☐	☐

Have you been tested for TB?

Yes ☐ (if yes, specify date ____/____)

No ☐

Have you ever had a positive TB skin test?

Yes ☐ (if yes, specify date ____/____)

No ☐

If you have one "YES" answer or more on the questionnaire, you are considered at risk and you are required to get a TB skin test.

I understand that I must submit the "CERTIFICATION OF EXAMINATION FOR TUBERCULOSIS" form to the PSJA HUMAN RESOURCES OFFICE in order to proceed with my employment/volunteer process.

signature

date

printed name

Visitor Confidentiality Form

As Student Interns, Student Teachers, Student Observers, Independent Observers, Contractors, Volunteers and Vendors of PSJA ISD, I understand that I may have access to confidential information about students, students' families, and staff that is not to be shared or discussed with anyone other than designated personnel.

I understand that in the course of my visitor time the behaviors and abilities of students, teachers and staff are never appropriate topics for discussions outside of school. This information may relate to general items such as address and telephone number or specific student information including academic performance, behavior, disabilities, and related matters.

I understand that academic and personal information about a student should be shared only with the appropriate teachers and school staff and should not be shared with community member, family, friends, or parents of other students. All communication with parents should be handled by school staff.

I also understand I am prohibited from sharing or communicating information about a student or identifying a student on social media.

I understand that if there is a violation of these guidelines, it may result in termination of my services.

CONFIDENTIALITY STATEMENT

By signing below, I indicate I have read and agree to comply with the conditions stated above.

Volunteer

Date

**PLEASE INSERT CLEAR PHOTOCOPY OF VALID
DRIVER LICENSE OR STATE-ISSUED ID ON THIS PAGE:**
(Front side only and do not include copy of social security card)

