CASTLEBERRY INDEPENDENT SCHOOL DISTRICT
5228 OHIO GARDEN ROAD • RIVER OAKS, TEXAS 76114 • 817.252.2001
KATHRYN WALKER
TALENT ACQUISITION AND DEVELOPMENT | DIRECTOR

Student Teaching or Observation Request

University/ACP:	Semester:

Applicants Name:	
Please indicate if you are requesting student teaching or observation hours:	
Address:	
City, State & Zip Code	
Phone Number:	
E-mail Address:	
Student Teacher Certification Area:	
Student Teacher Certification Grade Level:	
Assignment Dates Preferred:	
If requesting observation hours only, please indicate total # of hours needed	
If requesting observation hours only, please indicate preferred times for observations and days of the week preferred (if applicable):	
University/ACP Supervisor (Name and Title):	

University/ACP Supervisor Email:	
University/ACP Supervisor Contact Phone #:	
University/ACP Supervisor Signature:	

Please list any other specific University/ACP Requirements:

I understand that I need to submit the following via email:

1) This request form
2) Criminal History Record Information Authorization Form
3) A copy of my driver's license

Submit to:

Cassi Sweet
Talent Acquisition Specialist
sweetc@castleberryisd.net

Requestor will be notified of approval status via email

To access required forms please visit the Student Teaching Opportunities page on the Castleberry ISD website.