Matthew Poska
Superintendent of Schools

Christine Elliott
Assistant Superintendent for
Curriculum & Staff Development

Christine Bourne
Directo of
Administration & Finance

WILMINGTON PUBLIC SCHOOLS
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Christine Murray
Director of Student Support Services

Andrea Stern Armstrong
Director of Human Resources

Angel Cartagena
Director of Technology &
Digital Learning

A school and community partnership that provides an inclusive, respectful, and collaborative learning environment where all stakeholders are engaged in the development of the whole child.

Application for Observation/Field Placement

This form is to be filled out by the applicant and given to the appropriate principal

Request for:

☐ Student Teaching ☐ Practicum ☐ Observation Hours ☐ Field Placement ☐ Other_____

_____
Name of Applicant

Address: _____

_____

_____
Phone Number

_____
Email Address

_____
College/University Attending

_____
Year of Grad. **Degree** **Major**

_____
Is request related to a specific course? If yes, please list

_____
Observation Placement Preference (Grade/Subject) **Number of Required Hours**

_____
Dates Requested (Start/End Date) **Approximate number of days per week**

Please list some experiences in which you have worked with young people (summer camp counselor, playground supervisor, summer school teacher, substitute teacher, tutor, etc.) Please include type of experience, location, dates and age group:

_____
_____
_____
_____
_____
_____

Please list any future education plans:

_____
_____
_____

Please list some future career goals:

_____
_____
_____

Applicant's Statement: I certify that all answers given herein are true and complete to the best of my knowledge. I authorize the school system to do a check of my criminal records through CORI. I understand that a CORI check, acceptable to the school system, is a condition of my observation.

_____ _____

Signature of Applicant **Date**

For Administrative Use Only

Supervising Teacher and Principal must sign form before submitting to Central Office

PLEASE SPECIFY IF A WPS EMAIL ADDRESS IS BEING REQUESTED FOR THE APPLICANT:

YES: _____ NO: _____

SCHOOL/DEPARTMENT: _____

_____

Supervising Staff Signature

_____

Administrator's Signature (if different than above)

_____

Director of Human Resources Signature

For Central Office Use Only

☐ CORI

☐ Fingerprints

☐ Acceptable Use Policy (Only if receiving district email address)

☐ OIT Ticket for email

☐ Hold Harmless Agreement

☐ Confidentiality Agreement