**Anderson County Schools**

**Field/Clinical Experience Request**

Dear Teacher Candidate,

We are pleased that you have chosen to observe in Anderson County Schools. As a partner with your college or university, we want to make your experience most beneficial. Kindly provide us with information regarding the types of required experiences. Ordinarily, we do not place students in the school where the student’s children attend. For our students’ safety we require a background check and a signature from your college/university professor indicating that you have permission to conduct observations. Please return your signed request to our Human Resource Office. Once we have all information and documentation, the principal will make the teacher assignment and HR office will contact you to begin your work.

Name of Teacher Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Candidate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Candidate Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject(s) Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Observation Hours Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of experiences required for teacher candidate (Check all that apply, please):

\_\_\_\_\_ Observe teacher working with whole group, small group, individual

\_\_\_\_\_ Plan lesson(s)

\_\_\_\_\_ Teach whole group

\_\_\_\_\_ Teach small group

\_\_\_\_\_ Tutor individual student

\_\_\_\_\_ Attend school board meeting/School-based council meeting

\_\_\_\_\_ Participate in professional development

\_\_\_\_\_ Other (Specify, please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For office use only:

\_\_\_\_\_College/University assurance of 4 hour Restraint/Seclusion Training for student teachers

\_\_\_\_\_Background Check approved by Office of Superintendent

\_\_\_\_\_Principal contacted by Human Resources for teacher assignment.

\_\_\_\_\_Teacher Candidate contacted to begin observations.

\_\_\_\_\_Cooperating teachers have completed state required training.