

**CHEROKEE COUNTY SCHOOL DISTRICT
OFFICE OF PERSONNEL MANAGEMENT**

Request For Field Observation

Directions: Students interested in requesting Field Observation Placements (i.e.- pre-student teaching or clinical experience that is less than 60 hours in one semester) in the Cherokee County School District must complete this form. A letter from the college/university detailing a description of the field observation to be completed by the student must be attached to this request form. Completed forms must be submitted to the Office of Personnel Management for review and approval at least one month prior to the commencement of the observation period.

GENERAL INFORMATION

Name of College Student: _____

Name of College/University: _____

Student's email address: _____

Student's Telephone Number: _____

Name of College Supervisor: _____

College Supervisor's email address: _____

College Supervisor's Telephone Number: _____

Are you a CCSD Employee? Yes No

If yes, please indicate your employee ID number: 99 _____

OBSERVATION INFORMATION

Name of College Course and Course Number: _____

Total Number of Observation Hours: _____

Start Date: _____ End Date: _____

Indicate days and times of observation in the spaces provided below:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|---------------|----------------|------------------|-----------------|---------------|
| Times | | | | | |

Letter from college/university attached yes no

PLACEMENT PREFERENCE

Indicate your preferred grade level and/or subject:

Choice 1 _____ Choice 2 _____ Choice 3 _____

Indicate (3) Cherokee County school sites where you would like to complete your observation requirements:

Site 1: _____ Site 2: _____ Site 3: _____

PLEASE READ PRIOR TO SIGNING

I understand that completion of this application does not guarantee placement at any Cherokee County School District school/location. Placement is contingent upon the School's ability to accommodate the request for observation. The Principal will notify the College Supervisor and/or Student if the placement request can be accommodated.

Signature

Date

FOR OFFICE USE ONLY

Approved for placement Yes No

School: _____

Grade Level/Subject: _____

Cooperating Teacher: _____

Date Notification Sent: _____

Notes: _____
