

Clinical Experience/Clinical Practice I Placement Request

Semester: Spring, 2019

Course#/section:

Instructor:

of field hours:

Field Experience Description (what will students be doing in the field):

Day/Time in field:

Start Date (what day/week should placement begin):

End Date (what day/week should placement end):

Orientation requested: yes or no

Location preferred

District:

School:

Name of person contacted (if any):

Notes: (Any additional information that would be helpful)

***Please return to Lynn Booth for processing – THANK YOU!**