**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!**