

GEORGIA STATE UNIVERSITY

FIELD EXPERIENCE PLACEMENT

REQUEST FOR PLACEMENT

Student First Name Last Name	*Type of Internship (Preferred Classroom)	Grade and/or Subject Area	Center/School Requested/Placed	Staff	Staff SSN if Stipend Awarded	Confirmed Yes/No
<i>Jane Doe</i>	<i>Infant</i>	<i>6 weeks – 12 months</i>	<i>Suttles</i>	<i>Ruby Hopkins</i>	<i>NA</i>	

University Requesting Placement Georgia State University – Department of

Length of Activity :

Ex: Infant /Toddler Field Experience – 8 weeks: 8/30/10 – 10/22/10; 8 hours (Time/Day of week TBA)

Contact Person Information (name, tel. #, fax #, email) _____

Contact Person Signature _____

This signature indicates that the above mentioned students have been cleared to work in schools based on fingerprint records and a background check.

Placement Request: Approved: Denied: Principal/Director’s Signature: _____ Date: _____

Additional Remarks:

Type and Description of Internships:

Example: Infant/Toddler Field Experience

8 weeks: 8/30/10 – 10/22/10; 8 hours per week (Day of week to be determined).

- *Coursework emphasizes infant and toddler development, methods and materials; concurrent placement in field experiences with children with special needs*
- *Field Experience: 1 day per week in infant or toddler classroom (8 weeks)*
- *Field assignments include observation, assisting teacher, implementing transitions and routine activities, planning and teaching small group lessons, creating a display board to document child's development,*
- *2 observations by university supervisor*

Please list below information detailing the type and description of your internship.

GEORGIA STATE UNIVERSITY
CHILD DEVELOPMENT PROGRAM
FIELD EXPERIENCE STUDENTS
DATES: _____

Name of student	Center/School	Name of staff	Beginning date	Ending date
<i>Jane Doe</i>	<i>Suttles</i>		<i>8/30/10</i>	<i>10/22/10</i>