**Phone: 910.678.2629**

**FAX: 910.678.2344**

**Cumberland County Schools**

**2465 Gillespie Street**

**Fayetteville, NC 28303**



**Student Teaching/Clinical Experience Request Form**

Date: Click here to enter a date. University/College:

Student Name:       Phone:       Current Residency Teacher: Choose an item.

Requesting Clinical Experience Placement for: Choose Semester 20

|  |
| --- |
| **Placement Information:** |
| Clinical Experience Time Frame (Dates): Please include intended start & end dates |
| **Subject Area:** Area you need placement for? |
| **Preferred Teacher (if any):** |
| **Grade Level Requested:** **Number of Hours:** |
| 1st Choice of School**:** (Required Field) |
| 2nd Choice: (Required Field) |
| 3rd Choice: (Required Field) |

Clinical Educator Requirements:

* *Be professional licensed in the field of licensure sought by the student*
* *Have a minimum of three year experience in a teaching role*
* *Have been rated, through the educator’s most recent formal evaluations, at least at the “proficient” level as part of the North Carolina Teacher Evaluation System*
* *Have met expectations as part of student growth in the field of licensure sought by the student*

**Education Dept. Chair Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised 5/1/2021**