

University of Kentucky Clinical Practices & School Partnerships  
104 Taylor Education Building  
Lexington, KY 40506-0001  
Telephone: (859) 257-1857

**REQUEST FOR FIELD EXPERIENCE PLACEMENT**  
**for Out-of-County or Private School Placements**

Teacher Training Institution: University of Kentucky

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

EDP Instructor: \_\_\_\_\_ Course#: \_\_\_\_\_ Section#: \_\_\_\_\_

Teaching Major/Area of Certification: \_\_\_\_\_

Provide information pertaining to the nature of this field placement experience.

Requirements:

Number of visits: \_\_\_\_\_ to observe

Length of each visit: \_\_\_\_\_ to assist

Times available: \_\_\_\_\_ morning \_\_\_\_\_ to teach whole class

\_\_\_\_\_ afternoon \_\_\_\_\_ to tutor individual/small group

Note to the teacher: The student has been instructed to register in the school office and visit your classroom as indicated above. If this is not convenient, please contact the student directly.

<b>ASSIGNMENT</b>	
School & District: _____	
Teacher's signature: _____	Date: _____
Teacher's printed name: _____	
Principal's signature: _____	Date: _____
Principal's printed name: _____	
EDP Instructor's signature: _____	Date: _____

NOTE: Students must secure the signatures of Principal and Teacher on the first visit and bring original form to 104 Taylor Education Building.