

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.**

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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>