

Delano Union School District

Office of Rosalina C. Rivera, Superintendent

Department of Human Resources

Dr. Jason Kashwer, Assistant Superintendent of Human Resources

1405 - 12th Avenue, Delano, California 93215

(661) 721-5000 x 00162 ~ Fax (661) 721-5014

Request for Classroom Placement to Fulfill Coursework Requirement

This request is intended for undergraduate students at a college or university who are not currently enrolled in a teaching credential program, yet need to schedule classroom visitations/fieldwork as a requirement of a course he/she is taking. A copy of the syllabus listing the requirement(s) for the necessary visitations/fieldwork must be provided. Please note that any students completing coursework requirements with the District shall always do so under the direct supervision of a classroom teacher.

The following is required before the observation may begin:

- Completion of this form and a copy of syllabus is all that is required
- A copy of a current California Driver's License or Identification Card
- A valid tuberculosis (TB) clearance
- Fingerprint Clearance

Prior to the approval of this request by the Assistant Superintendent of Human Resources or designee, please present this request to the principal at the site you wish to fulfill your coursework requirement.

Name: _____ Phone #: _____

College/University: _____ Course Name/Number _____

Short description of coursework requirement(s): _____

Site Requested _____

Administrator Signature: _____ Date _____

Yes No

Have you ever been convicted of or are you awaiting trial for any crime?

If you answered yes to the above question, please attach a complete and accurate explanation of the circumstances to this form. An answer of yes will not necessarily disqualify you from being placed in a classroom. Any information provided in connection with a yes response will be kept confidential.

Dates or days volunteer observation services will be performed: _____

CERTIFICATION

I hereby certify that all statements made on this form and any attachments are true and complete to the best of my knowledge and authorize investigation of all statements here in record.

Signature of Observer _____

Date: _____

Office Use Only

_____ Driver's License/I.D.

Valid through: _____

_____ TB Clearance Submitted

Valid through: _____

_____ Fingerprint Clearance

HR Office Approval _____

_____ Syllabus

HR Office Approval _____

NOTE: Observers are not to provide services until this form is completed and signed by the Assistant Superintendent of Human Resources or designee.