# REQUEST FOR PLACEMENT OF STUDENT TEACHER IN A DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DoDEA)

**INSTRUCTIONS: The form is completed by the student-teacher and returned to their college/university student-teacher program manager. The deadline is April 30th for Fall Placements, and October 31st for Spring Placements.**

| | |
|---|---|
| Name of College or University: | Address of College or University: |
| Name of College/University Representative Whom all Future Correspondence Should be Sent to (Not Student):<br>Name:<br>Title: | College/University Representative<br>Mailing Address:<br>City, State, Zip Code:<br>Telephone Number:<br>Fax Number:<br>E-mail Address: |
| Name of College/University Supervisor (Not DoDEA Employee):<br>Name:<br>Title: | College/University Supervisor<br>Mailing Address:<br>City, State, Zip Code:<br>Telephone Number:<br>Fax Number:<br>E-mail Address: |
| Name of Student Teacher Requesting Placement: | Student Teacher<br>Mailing Address:<br>City, State, Zip Code:<br>Telephone Number:<br>Email Address: |
| Student Data<br>Date of Birth:<br>Birth City / State:<br>Sex:<br>Current DoDEA Employee: ☐ Yes ☐ No<br>(If YES, Documentation of LWOP/Resignation Must be Included with Application.) | Race: *(Data is used for Federal statistics and administrative reporting purposes only).*<br>☐ American Indian or Alaskan Native<br>☐ Asian or Pacific Islander<br>☐ Black or African American<br>☐ Hispanic or Latino<br>☐ White<br>☐ Other |
| Platform Requested:<br>Dual Placement Request: ☐ Yes ☐ No<br>Requested Placement Start/End Dates (Be Specific):<br>Start:<br>End: | Desired geographical location or school site (In order of Preference):<br>1.<br>2.<br>3. |

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| STUDENT TEACHER NAME: | |
|---|---|
| Academic Area/ Subject Area for Student Teaching Experience: | Grade Level: |
| Is the Student Teacher a Military/ Civilian Dependent/ Spouse of Someone Who is Currently on Assignment at the Location Where Student Teaching is Being Requested?<br>☐ YES ☐ NO | Has the Student Teacher Made His/Her Own Arrangements for Housing? If yes, where? |
| If Housing Assistance is Needed, Specify the Maximum Amount the Student Teacher Has Allotted for Housing Expenses per Month: | Does the Student Teacher have a Disability or Special Need that Might Require Special Accommodations?<br>If YES, Please Specify: |
| Has the College/University provided proof of a completed background /criminal check investigation conducted by a state or federal agency? ☐ YES ☐ NO<br>**NOTE:** Documentation of Background Check is Required at the Time This Application is Processed. | Indicate The Type of Background / Criminal Check Completed. Is a Copy of the Results Included?<br>☐ YES ☐ NO |

_____
Signature of College/University Representative or his/her Designated Representative

_____
Date

_____
Print Name of College/University Representative or his/her Designated Representative

_____
Title

PRIVACY ACT STATEMENT

AUTHORITY: 20 USC Sections 902,903, and EO 9397, DoDEA Regulation 5308.1, "Department of Defense Dependents Schools Student Teaching Program," November 4, 1988, as amended.

PRINCIPAL PURPOSE: Obtain information for statistical reporting of placement of student-teacher in the Department of Defense Education Activity schools.

ROUTINE USE: : Disclosures are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, records contained herein may specifically be disclosed outside DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). The DoD blanket routine uses can found at http://privacy.defense.gov/blanket_uses.shtml also applies to this collection.

DISCLOSURE: : Voluntary; however, not responding may impact DoDEA's ability to produce statistical program reports as required by Federal law. Additionally, there will be no consequence to the student-teacher whether or not the information is furnished since it will not be used in any determination that affects the student teacher individually.