

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

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EDUCATION ACTIVITY (DoDEA)**

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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? YES NO	Has the Student Teacher Made His/Her Own Arrangements for Housing? If yes, where?
If Housing Assistance is Needed, Specify the <u>Maximum</u> 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? 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 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? 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.