## REQUEST FOR CLASSROOM OBSERVATION AND FIELD EXPERIENCE ASSIGNMENT - NASSAU COUNTY SCHOOLS

## PLEASE COMPLETE AND E-MAIL, MAIL OR FAX TO:

Office of Professional and Staff Development

1201 Atlantic Avenue, Fernandina Beach, FL 32034 FAX (904) 277-9044

EMAIL: profdevelopment@nassau.k12.fl.us

Student Name:					
Address:				<u> </u>	
Telephone: Home:		Work or Cell:			(Print legibly or type.)
Email address:					
College or University	y:				
Course name/ number:		Date course be	gins:	Instructor:	
Required grade level	<u> </u>	required	l:	Additional hours	(if any):
-					
Preferred Nassau co	mmunity:				
Elem or Second (Preferences cannot b					
Host Teacher Requir	ements:				
Reading Endo	orsed				
ESOL Endors	ed				
I have a child or am	related to a teacher in the	e following scho	ol(s) and gra	de level(s):	
I am a NCSB employ	ee at	and my posit	ion is		(complete if applicable)
I graduated from high school <u>after</u> 2018: (Check if yes) Initial agreement to wear appropriate attire*:					
Signature OR typed initials for agreements: Date:					
Date of Fingerprint S		`	•	-	ngerprints have cleared.)
DI EAC		IDENTS- PLEA	_		UDCELE.
PLEASE DO NOT CALL A SCHOOL PRINCIPAL OR TEACHER YOURSELF: Thank you for your interest in Nassau County Schools. After you have submitted this form and your fingerprints have					
	de you with your school/te				
	nse from us. Students ma				
	he class of a relative who lour graduation from high so				
	neans no jeans, shorts (ex				
	convey a responsible ima				
	dents' grades, learning dis chool. <b>We reserve the rig</b>				
For Nassau School District Use Only:					
DATES: Form receive	ved: Finge	rprint Report cle	ared:	Student not	ification:
School assigned:	Teac	cher:		Grade/sul	oject: