



**Human Resources
Employment Support Team**
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Placement Questions: 253.373.7755
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REQUEST FOR PLACEMENT

STUDENT TEACHING/OBSERVATION/PRACTICUM EXPERIENCE

PLEASE SUBMIT THIS FORM BY SCANNING AND ATTACHING TO AN EMAIL OR FAXING TO THE NUMBER ABOVE.

I. COLLEGE/UNIVERSITY

College/University: _____

Placement Coordinator: _____

Placement Coordinator Email Address: _____ Phone: _____

Date of national background check clearance (fingerprinting): _____ Initial: _____
(Must be completed prior to confirmation of placement.) (By initialing, placement coordinator shows they have verified fingerprint clearance)

Placement Requested: Observation Practicum Student Teaching Other: _____
(Check all that apply)

Subject area/areas of concentration/grade levels requested: _____

School/Area Requested: _____

Inclusive dates for placement: _____ Deadline for placement confirmation: _____

Has this student requested placement in this district before? NO YES UNKNOWN

If yes, when: _____ with whom: _____ location: _____

II. STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle) AKA (Maiden/other name(s))

Primary Phone: _____ Secondary Phone: _____

Personal Email: _____ School Email: _____

Are you a KSD Alumni? NO YES If yes, which school(s): _____

Other than English, what other, if any, languages are you fluent in? _____

III. HUMAN RESOURCES INFORMATION – FOR HR OFFICE USE ONLY

Approved Not approved No place available Please phone for details Other

Authorization: _____ Date: _____

Information / Comments: _____

IV. SCHOOL INFORMATION - FOR HR OFFICE USE ONLY

School: _____ Date: _____

Teacher: _____ Grade/Subject: _____