

Rowan University – College of Education
Special Education Services/Instruction Department
Field Experience Placement Request Sheet

Instructions: Please complete this form if you are NOT enrolled in an ECE, Elementary, SME, or HPE Education course that has a field experience component this semester. Submit completed form to the instructor on the first day of class.

Name: _____ Semester: _____ Program: _____

Banner ID#: _____ Phone: _____ Email: _____

Address you will be commuting from:

Street: _____ Apt: _____

City/Town: _____ Zip: _____

Preferences:

Grade Level: Preschool Elementary Middle School High School

Program Type: General Ed Class Inclusion Class
 Resource Center Self-Contained SE
 SpecEd School Any

Special Needs: _____

Education Class(es) you are taking this semester (class in which this form is being completed should be listed first):

CL1: _____ CL2: _____

CL3: _____ CL4: _____

Request (no guarantee given)

District 1: _____ School 1: _____

District 2: _____ School 2: _____

Actual Placement (include own class or class in which you substitute on a regular basis, if applicable – otherwise this will be completed by OFE):

District: _____ School: _____ Contact #: _____

Teacher: _____ Grade/Type: _____

Days: _____ Times: _____

Comments: