



Southern Connecticut State University

Request Form for Field Experience Placement

Name: _____

Address: _____

Student ID: _____

Email: _____

Your program area major: _____

Please check which program level applies:

Undergraduate

Graduate

**SCSU Course(s) that this Field Experience Placement is for -
BE SURE TO INCLUDE IF THIS IS A HIGH OR MODERATE NEED PLACEMENT:**

SCSU Course Instructor: _____

This Field Experience requires (please check all that apply)

Observation and some interactions with children

Teaching small groups of children

Teaching the whole class

Grade level/Classroom type requested: _____ (if you need more than one grade level
– please note this on the form)

Middle School or Secondary School Subject Area: _____
(if you need 2 placements please note this)

Times and days available: _____

Please List your 3 choices for placement in order of preference:

Please return this form to Mr. Frank Carrano- pds@southernct.edu

You MUST ALSO SEND THIS FORM TO THE CONTACT AT THE SCHOOL ONCE YOU GET
YOUR SCHOOL CONTACT PERSON FROM ME.