



SCHOOL OF EDUCATION

Office of Clinical Experiences and Partnerships

Clinical Assistant Fieldwork Proposal Form

If you are serving as a clinical assistant in a local school/agency, you may request to complete your fieldwork hours in the classroom you assigned or the classroom of another teacher in the building. The classroom setting must meet the requirements for both the course and New York State.

- The hours completed **must be in addition** to the hours required for your clinical assistantship unless approved by their Program Directors to count the same hours for both requirements.
- If you are completing your hours in a classroom other than the room you are assigned, you must get approval from the school building administrator.

Teacher Candidate Information

Student Name: _____ Student ID#: _____

Program: _____ Semester/Year _____

Course: _____ Hours Required for Course: _____

School Information:

District: _____

Name of School/Agency: _____

Administrator's Information

Administrator's Name _____

Administrator's Email _____

School-Based Teacher Educator Information:

SBTE's Name _____

SBTE's Email _____

SBTE's Certification Area(s): _____

Classroom Information:

Grade Level(s) _____

Content Area(s): *(Check all that apply)*

English (ELA)

Social Studies

Math (specific area): _____

Science(specific area): _____

Other _____

Type of Classroom: *(Check all that apply)*

General Education Classroom

I-COT Classroom (Integrated Co-Teaching)

Self-Contained Classroom

Resource Room

Other _____

Student Population: *(Check all that apply)*

Students with Disabilities

Gifted and Talented Learners

English Language Learners

Bi-Lingual Learners

Other _____

Additional Information

Please write a detailed paragraph explaining that your colleague’s classroom setting meets the course requirements.

School-Based Teacher Educator/Administrator Approval

(Only required when the clinical assistant is completing field hours in a classroom other than the room assigned)

Your signature below confirms the approval of the placement.

School-Based Teacher Educator’s signature

Date

Administrator’s signature

Date

Nazareth University Official Use Only

The proposed job-referenced placement is approved.

The proposed job-referenced placement is denied.

The teacher candidate is approved to count the same hours for their clinical assistant and field experience requirements.

Additional Comments

Name of Nazareth Program Director

Nazareth Program Director’s signature

Date

Name of Office of Clinical Experiences
And Partnerships Director

Office of Clinical Experiences and Partnerships
Director’s Signature

Date