



SCHOOL OF EDUCATION

Online Program Fieldwork Proposal Form

(Inclusive Education Graduate Specialty Program, TESOL Additional Certification Program, Gifted and Talented Extension)

As a candidate in one of our online programs, you may be required to complete fieldwork hours in one or more of your courses.

If you live outside the Rochester Area or are in the Gifted and Talented Extension Program, you must locate your own field placement. The classroom setting must meet the requirements for both the course and New York State. The Office of Clinical Experiences and Partnerships

Once you have located a field placement, please complete the fieldwork proposal below. All fieldwork proposals must
- Be approved by the Office of Clinical Experiences and Partnerships to guarantee placement requirements are met.
- Be received before the end of the first week of class.

Once placements are approved, students will receive an email confirming the approval.

All students are required to record their fieldwork hours in our electronic attendance verification system.

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)

Please return this form to the Office of Clinical Experiences and Partnerships via email: fieldexp@naz.edu

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)*

General Education Students

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.

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**School-Based Teacher Educator/Administrator Approval**

Your signature below confirms the approval of this job-referenced placement.

\_\_\_\_\_  
School-Based Teacher Educator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

**Nazareth University Official Use Only**

The proposed placement is approved.

The proposed placement is denied.

Additional Comments

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\_\_\_\_\_  
Name of Office of Clinical Experiences  
And Partnerships Director

\_\_\_\_\_  
Office of Clinical Experiences and Partnerships  
Director's Signature

\_\_\_\_\_  
Date