



**NAZARETH COLLEGE**  
**School of Education**  
 Office of Clinical Experience and Partnerships  
**Job-Referenced Fieldwork Proposal Form**

If you employed in a local school/agencies and wish to complete your fieldwork hours in a classroom of a colleague who is the assigned teacher of record, you may request to complete a job-referenced fieldwork placement. The classroom setting must meet the requirements for both the course and New York State.

- Requests for a job-referenced placement must be received **prior** to the end of the first week of class.
- **Each course** with assigned fieldwork **must** have a **separate** *Job-Referenced Fieldwork Proposal Form*.
- The number of hours you are able to complete as a job-referenced fieldwork placement may be **limited** based on program and certification requirements.
- Complete an **attendance verification** form and have it signed by your colleague during **each** visit.

**Teacher Candidate Information**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Program: \_\_\_\_\_ Semester/Year \_\_\_\_\_

Course: \_\_\_\_\_ Hours Required for Course: \_\_\_\_\_

**School Information:**

District: \_\_\_\_\_

Name of School/Agency: \_\_\_\_\_

School/Agency Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Administrator's Email \_\_\_\_\_

**Classroom Information:**

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

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

Grade Level(s) \_\_\_\_\_

Content Area(s) \_\_\_\_\_

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 _____                  |                           |

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

**Additional Information**

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

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Have you done job-referenced or job-embedded in a previous semester?  
*If yes, please list the **course number**, **semester**, and **school name** for each placement.*

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**School Administrator Approval**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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**Nazareth College Official Use Only**

The proposed job-referenced placement is approved.

The proposed job-referenced placement is denied.

Additional Comments

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\_\_\_\_\_  
Name of Nazareth Program Director

\_\_\_\_\_  
Nazareth Program Director's signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date