

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.

Have you done job-referenced/job-embedded in a previous semester?

*If yes, please list each **course number, semester, and school name** where a job-referenced or job-embedded placement was completed.*

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 College Official Use Only

The proposed job-referenced placement is approved.

The proposed job-referenced placement is denied.

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