



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

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

- Request for job-embedded placement must be received **prior** to the end of the first week of class.
- **Each course** with related fieldwork **must** have a **separate** *Job-Embedded Fieldwork Proposal Form*.
- The number of hours you are able to complete as a job-embedded fieldwork placement may be **limited** based on program and certification requirements.
- Complete the **job-embedded field 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:**

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 classroom setting meets the course requirements.

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Have you done job-referenced/job-embedded in a previous semester?  
*If yes, please list the **course number**, **semester**, and **school name** if applicable.*

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**School Administrator Approval**

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

\_\_\_\_\_  
Principal or Director's signature

\_\_\_\_\_  
Date

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**Nazareth College Official Use Only**

The proposed job-embedded placement is approved.

The proposed job-embedded 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