

**Application for Field Experience Placement
In the Cedar Rapids Community Schools**



**Cedar Rapids
Community School District**

Date Submitted: _____

Course Name: _____

Course Number: _____

Instructor Name: _____

Dates of Term: _____

TOTAL Classroom Hours Needed: _____

(Please do not combine multiple requests on one form)

Student Name: _____

Mailing Address: _____

Major/Subject you plan to teach _____

School assignment/teacher preference (if any)

Preferences are not guaranteed; do not contact teachers independently

COLLEGE: _____

Direct Contact: _____

Contact Phone: _____

Contact Email: _____

Contact Fax: _____

Year in College: _____

Email Address: _____

Home Phone: _____

Do you have Transportation: _____

Grade level / subject area (Must be listed)

Please list previous experience you have had with children. Include previous field experience placements if any. Specify building and teacher name.

Days and times available to be in the classroom:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

DO NOT WRITE BELOW THIS LINE

Assignment:

School: _____

Grade / Subject: _____

Teacher: _____

Teacher Phone: _____

Return completed form to: Cedar Rapids Community Schools

ATTN: Community Relations

2500 Edgewood Rd NW, Cedar Rapids, IA 52405

(319) 558-2124