

Field II Experience Petition Form (15 Hours)

Part One: Teacher Candidate Information

Last Name:	First Name:
Certification Area:	Additional Areas:
WLU Email: <div style="text-align: center;">@westliberty.edu</div>	Phone Number:

Part Two: Site Request *(To be completed by Site Supervisor)*

Site Name:
Site Supervisor:
Site Supervisor Email:
Site Phone Number:
Site Location:

Part Three: Program Information *(To be completed by the Student)*

A. Description of Program Mission:

Turn Over ⇄

B. Number of children served by program:

C. Description of students (age, racial/ethnic, socio-economic background, etc):

D. Benefit of program for students:

Part Four: Statement of Authenticity (*To be completed by Student and Site Supervisor*)

By providing my signature below, I am committing to participate in this field experience. I also certify that the information listed above is true, complete and correct.

Candidate Signature _____ Date: _____

I confirm that this experience will provide the West Liberty University Teacher Candidate with an opportunity to interact with school-aged children (PK-12 grade) and supervising adults in an organized setting. It will also provide the candidate with an opportunity to exhibit his/her potential to work with children and to become a teacher.

I also confirm that I have discussed all site-specific policies and procedures and any additional specific requirements that the teacher candidate may need to complete prior to his/her first day.

Site Supervisor Signature _____ Date: _____

**Return to the Teacher Education Program Coordinator, Brooke Cenkus
Main Hall Office 325C**

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE

Date Received _____

Date Approved _____

Date of Completion Verification _____

Teacher Education Program Coordinator Signature
