



Experience Placement Form

STUDENT INFORMATION

Name: _____

Current Address _____

Email Address _____ Bilingual Yes No

Primary Phone _____

Grade level of interest _____ Do you have transportation Yes No

AVAILABILITY

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

OTHER INFORMATION

Do you have Federal Work Study? Yes No

Do you have and IVP Fingerprint Clearance card? Yes No

Do you need hours with special ed students? Yes No

Have you worked with children before/where? _____

Office use only below this line

Placement Information

School: _____

Contact: _____

Contact email: _____ School phone: _____