



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
HUMAN RESOURCES
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VA 22203-1634

**REQUEST FOR PLACEMENT OF STUDENT TEACHER IN A DEPARTMENT OF DEFENSE
 DEPENDENTS SCHOOLS (DoDDS)**

(Deadline: April 30th for Fall Placements October 31st for Spring Placements)

Name of College or University:	Address of College or University:
Name of <u>University Representative</u> Whom all Future Correspondence Should be Sent to (Not Student): Name: Title:	University Representative Mailing Address: City, State, Zip Code: Telephone Number: Fax Number: E-mail Address:
Name of <u>University Supervisor</u> (Not DoDEA Employee): Name: Title:	University Supervisor Mailing Address: City, State, Zip Code: Telephone Number: Fax Number: E-mail Address:
Name of <u>Student Teacher</u> Requesting Placement:	Student Teacher Mailing Address: City, State, Zip Code: Telephone Number: Email Address:
Student Data Social Security Number: Date of Birth: Birth City / State: Sex: Current DoDEA Employee: (Circle) YES or NO (If YES, Documentation of LWOP/Resignation Must be Included with Application.)	Race: <i>(Data is used for Federal statistics and administrative reporting purposes only).</i> 1. American Indian or Alaskan Native 2. Asian or Pacific Islander 3. Black or African American 4. Hispanic or Latino 5. White 6. Other
Requested Placement Start/End Dates (<u>Be Specific</u>): Start: End:	Desired geographical location or school site (In order of Preference): 1. 2. 3.

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STUDENT NAME:	
Academic Area / Subject Area for Student Teaching Experience:	Grade Level:
Is the Student Teacher a Military / Civilian Dependent / Spouse of Someone Who is Currently on Assignment at the Location Where Student Teaching is Being Requested? YES or NO	Has the Student Teacher Made His/Her Own Arrangements for Housing? If yes, where?
If Housing Assistance is Needed, Specify the <u>Maximum</u> Amount the Student Teacher Has Allotted for Housing Expenses per Month:	Does the Student Teacher have a Disability or Special Need that Might Require Special Accommodations? If YES, Please Specify:
Has the student teacher provided proof of a completed background /criminal check investigation conducted by a state or federal agency? YES or NO NOTE: Documentation of Background Check is Required at the Time This Application is Processed.	Indicate The Type of Background / Criminal Check Completed. Is a Copy of the Results Included? YES or NO

Signature of University Representative or his/her Designated Representaive

Date

Print Name of University Representative or his/her Designated Representaive

Title

PRIVACY ACT STATEMENT

AUTHORITY: 20 USC Sections 902,903, and EO 9397

PRINCIPAL PURPOSE: Used for statistical purposes only.

ROUTINE USE: None.

DISCLOSURE: Voluntary. The information from this form is used to help insure that the DoDDS practices meet the requirements of Federal law. Any information furnished will be used only for the purpose of producing statistical reports. There will be no consequence to the student teacher whether or not the informarmation is furnished since it will not be used in any determination that affects the student teacher individually.