

EDEL 100 10- HOUR OBSERVATION PLACEMENT REQUEST FORM

Name: _____ Student #: _____

Email: _____ Phone #: _____

EDEL 100: Course # _____ Day(s): _____ Time: _____ Instructor Name: _____

Have you previously worked or observed in an elementary school?

If so, please provide the following information:

Dates: _____ Grade Level: _____

Your Position/Title: _____

School District: _____

School Name: _____

Teacher TRAC is in partnership with the following school districts.

Rank districts using numbers 1-4 in order of your preference for placement. 1 = first choice; 4= last choice

_____ ABC _____ Bellflower _____ Downey _____ Norwalk/La Mirada

Do you have any transportation restrictions? _____

Notes regarding your placement request: _____

****Please note - requests are not guaranteed****

Would you like to be placed in a **Bi-lingual class** (if available)? Yes _____ No _____