



# 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: \_\_\_\_\_