Student Initiated Placement Request Form
Clinical Experiences Working with English Language Learners

TO BE COMPLETED BY TEACHER CANDIDATE:

Name: ______________________________________ Date: ____________________________

Student ID: ____________________________ Endorsement Program: ____________________________

Phone: ____________________________ Email: ____________________________

Requested School and School Division: _______________________________________________________

Requested Dates: From __________ to ____________ Total number of hours requested: _________

Note: If approved, it is the responsibility of the teacher candidate to research and complete any school division
requirements, such as background investigation, fingerprinting, or tuberculosis screening.

TO BE COMPLETED BY SCHOOL OR DIVISION ADMINISTRATOR:

The above name teacher candidate is currently in a state-approved dual ESL licensure program in the School of
Education at the College of William & Mary and is requesting a placement in your school to observe and work
with English Language Learners. His/her placement request will be for an early clinical experience with a
limited number of hours working with an English Language Learner under the supervision of a teacher in the
school. This request form is used for placement requests outside of the William & Mary partnership schools
network.

Note: This experience is not directly supervised by the College; however, if you have any concerns or questions
about the program, the clinical experience, or the teacher candidate, please contact the Director of Clinical
Placements and Licensure, Ms. Deborah Walker (dswalk@wm.edu or [757] 221-2320).

Assigned Teacher: ____________________________ Grade Level(s): ____________________________

School: ____________________________ School Division: ____________________________

School Administrator Name: ____________________________

School Administrator Signature: ____________________________ Date: __________

TO BE COMPLETED BY THE OFFICE OF TEACHER EDUCATION AND PROFESSIONAL SERVICES:

Signature of Approval: ____________________________ Date: ____________________________

Please return the signed form to Ms. Walker at the following address:
The College of William and Mary, School of Education, P.O. Box 8795, Williamsburg, VA 23187-8795.