

FORM FOR REQUESTING A FIELD EXPERIENCE OR INTERNSHIP EXCEPTION

TO BE COMPLETED BY INSTITUTION OF HIGHER EDUCATION

Date: _____

Institution of Higher Education Requesting Placement: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Candidate Name: _____ Teaching Content Area: _____

Grade Level: B-K Age 3-4 K-6 4-8 K-12 7-12 P-12 PS

Special Circumstances for the Placement: _____

Description of other placement Options Considered: _____

Additional Support for Candidate During Internship: _____

K-12 School: _____ District: _____

Number of times (if any) on: Priority Status _____ Academic Distress _____ State Take Over _____

Current Status of School: (select all that apply)

Priority Length of time on current status? _____ Has leadership changed? _____

If so, provide name and title of new leader: _____

Describe other efforts to improve status: _____

Academic Distress Length of time on current status? _____ Has leadership changed? _____

If so, provide name and title of new leader: _____

Describe other efforts to improve status: _____

State Take Over Length of time on current status? _____ Has leadership changed? _____

If so, provide name and title of new leader: _____

Describe other efforts to improve status: _____

TO BE COMPLETED BY ARKANSAS DEPARTMENT OF EDUCATIONPlacement: Approved Denied Special Provisions: _____

Signature: _____ Date: _____