



"Dedicated to Excellence"

Chandler Unified School District Student Teacher and Intern Placement Request

Student Teacher/Intern Name: _____

Email Address: _____ Phone Number: _____

Name of University/Institution: _____

Semester (circle one): Fall or Spring

Start Date: _____ End Date: _____

Type of Placement: Student Teacher _____ Intern _____

Are you currently employed by Chandler Unified School District?

Yes _____ No _____

If yes, where and/or which department do you work?

In the past, have you ever been employed by Chandler Unified School District?

Yes _____ No _____

If yes, please provide the following information pertaining to your past employment with Chandler Unified School District:

Dates worked: From: _____ To: _____

Job Title: _____

School or District Department: _____

Reason for Leaving: _____

Are you related to anyone currently employed by Chandler Unified School District?

Are you related to any current students attending Chandler Unified School District?

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

Student Teacher/Intern Signature: _____ Date: _____

****Please submit this form along with copies of your Fingerprint Clearance Card and photo ID to the Chandler Unified School District Human Resources BEFORE your first visit to the school. **You cannot begin your field experience assignment until the district has your Fingerprint Clearance card, ID, and completed and signed CUSD Placement Request Form.******