



Stafford County Public Schools
Inspire. Empower. Excel.

Student Practicum Registration Form

Name of College/University: _____

College Representative Name: _____

College Representative Phone: _____

College Representative Email: _____

Student Full Name: _____

Student Email: _____

Student Phone Number: _____

Student Emergency Contact Name: _____ Phone Number: _____

Start Date: _____

Placement Type: _____

Grade Level: _____

Hours Needed: _____

Preferred Subject: _____

Preferred School: _____

Does your student need to be placed into a Special Education or ESL (ELL) classroom setting?

Is the student a current SCPS employee?

I attest that the student mention above is enrolled in a state approved teacher or administrator preparation program and the candidate is in good standing with the college/university.

College Representative Signature

Date

FOR OFFICE USE ONLY

TB SKIN TEST RESULTS/ASSESSMENT _____

FINGERPRINT RESULTS _____

DSS _____

DATE REQUESTED _____

PLACEMENT SCHOOL _____

PLACEMENT DATE _____