



LEWISVILLE ISD PLACEMENT APPLICATION

Student Teacher _____

Student Observer _____

NAME: _____ SEMESTER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ARE YOU A LISD EMPLOYEE? Yes No IF YES, CAMPUS/POSITION: _____

UNIVERSITY/PROGRAM: _____

PROGRAM CONTACT PERSON: _____ PHONE: _____

PROFESSOR (Student Observers Only) _____ PHONE: _____

AREA OF CERTIFICATION: _____ MAJOR: EC-4 _____ 4-8 _____ 8-12 _____ All-level _____

DATE CRIMINAL BACKGROUND CHECK WAS SUBMITTED: _____

(required prior to request of placement)

DOES THIS ASSIGNMENT REQUIRE TWO ROTATIONS? YES _____ NO _____

Assignment Start Date: _____ Assignment Completion Date: _____

IF OBSERVING, TOTAL NUMBER OF HOURS NEEDED FOR THIS ASSIGNMENT: _____

LOCATION DESIRED (please check one)

Flower Mound/Lewisville/Highland Village _____ The Colony/Frisco _____ Carrollton _____

SPECIAL REQUIREMENTS FOR THIS PLACEMENT _____

PROGRAM SUPERVISOR'S SIGNATURE _____

-----*For LISD Office Use Only*-----

Date Criminal Background Approved: _____ Date of Placement: _____

School Name: _____ Address: _____

Cooperating Teacher: _____ Email: _____

Grade Level/Subject: _____ Phone: _____

2nd Rotation School Name: _____ Address: _____

Cooperating Teacher: _____ Email: _____

Start Date: _____ Grade Level/Subject: _____ Phone: _____