



City School District of Albany
Office of Curriculum and Instruction

Student Observation / Field Experience Application

Dear Applicant:

Thank you for your interest in the City School District of Albany for your student observation hours/field experience. Please complete the following:

- Fill out this form and have it signed by your college/university official
- Obtain a letter from the Student Teaching office of your college indicating your supervisor's request that you do your student teacher observation hours in the City School District of Albany
- Upon completion, please submit this form, your resume, and the college letter to the Office of Curriculum and Instruction, 1 Academy Park, Albany, NY 12207

Section I: Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Observation Date(s): _____ Day(s) of Week: _____ Number of Hours: _____

School Preference: _____ Teacher Preference: _____
(optional) (optional)

Elementary School Middle School High School

If video-taping is required for my licensing with the New York State Education Department, it will solely be used for that purpose and not posted on any social media site.

Student Signature: _____

Section II: College/University Information

College/University
Address:

_____ *Street Address*

_____ *City*

_____ *State*

_____ *ZIP Code*

College/University Phone: _____ Email _____

Supervisor in Charge of Student
Observation:

Signature of College University
Official:

Section III: Approval

PLEASE DO NOT FILL IN THIS SECTION

**Assigned
to:**

School: _____ Principal: _____

Classroom
Teacher: _____ Grade: _____ Subject: _____

Address: _____ *Street Address* _____ *Apartment/Unit #*

_____ *City*

_____ *State*

_____ *ZIP Code*

Approved: _____ *Director/Personnel/Human Resources* Date: _____