



## Experience Placement Form

Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Email Address \_\_\_\_\_ Bilingual  Yes  No

Primary Phone \_\_\_\_\_

Grade levels of Interest \_\_\_\_\_ Do you have transportation?  Yes  No

### AVAILABILITY

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

### OTHER INFORMATION

Do you have Federal Work Study?  Yes  No

Are you a TRIO\* Supported Student?  Yes  No

Do you have and IVP Fingerprint Clearance card?  Yes  No

Your program requires 60 hours of observation. Have you worked with children before? If so, where/number of hours?

\_\_\_\_\_  
\_\_\_\_\_

**Office use only below this line**

School: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ School phone: \_\_\_\_\_

\*TRIO is a federally funded grant that supports student success. TRIO may fund the transportation to your pre-program fieldwork. If interested in finding out if you qualify for TRIO, check here .

**Please return form to Virginia Gonzalez at [vpgonzal@arizona.edu](mailto:vpgonzal@arizona.edu)**