



Mild-Moderate Disabilities - 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 Jennifer White at jenniferm@arizona.edu

*The information contained on this application may be shared with school placement sites as needed.
Application submission grants us permission to share this information.*