



STUDENT APPLICATION

One Larkin Center
Yonkers, New York 10701

STUDENT OBSERVATION / FIELD EXPERIENCE

Tel. 914 376-8075
Fax 914 376-8589

Dear Applicant:

Thank you for selecting the Yonkers Public Schools as your choice to do your student observation. Please fill out Section 1 of the form below and have it signed by your college / university official. Attach to this form, on official school letterhead, your supervisor's request that you do your student observation in the Yonkers Public Schools, indicating observation date(s), and number of hours per day. Upon completion, please return both the letter and this form to the Personnel Office.

SECTION I

Name: _____ Tel. No. _____

Address: _____
Street City State Zip Code

College: _____ Tel. No. _____

Address: _____
Street City State Zip Code

Supervisor in Charge of Student Observation: _____

School Preferred: _____

[] Elementary [] Middle School [] High School

Subject and Grade _____

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

Signature of College / University Official: _____

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's signature: _____

PLEASE DO NOT FILL IN THIS SECTION

SECTION II

Assigned to: School: _____ Principal: _____

Classroom Teacher: _____ Grade: _____ Subject: _____

Address: _____
Street City State Zip Code

APPROVED: _____ Date: _____

Director, Personnel/Human Resources

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College / University