

# REQUEST FOR OBSERVATIONS/CLINICAL EXPERIENCES

## Laboratory School Placements

Thomas Metcalf School  
University High School

Course Title \_\_\_\_\_ Course # \_\_\_\_\_ Dept. \_\_\_\_\_ (Mail Code) \_\_\_\_\_

Section # \_\_\_\_\_ Number of Students \_\_\_\_\_ Today's Date: \_\_\_\_\_

Instructor Name \_\_\_\_\_ Campus Phone \_\_\_\_\_

e-mail: \_\_\_\_\_ Dept. Fax # \_\_\_\_\_

Observations for this course should occur between (Dates) \_\_\_\_\_ and \_\_\_\_\_

Number of Observations Required \_\_\_\_\_ Length of Time Per Observation \_\_\_\_\_

Total Number of Observation Hrs. per Student \_\_\_\_\_

Type of Observations (grade level, subject, etc.) \_\_\_\_\_

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Please describe the assignment and attach any forms the ISU student will be completing during/after the observation. (This information is needed before observations request can be processed.)

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ATTACH THIS REQUEST FORM TO THE STUDENTS' SCHEDULING FORMS AND RETURN TO:

Katheen Malone Clesson, U-High (7100)

Kathy Taylor, Metcalf (7000)