

Henrico County Public Schools
P.O. Box 23120
Henrico, VA 23223

APPLICATION FOR IN-SCHOOL PARTICIPATION

This application is for: [] Student Teaching [] Counselor Internship [] Practicum [] Observation

Note: Processing of this "Application for In-School Participation" will begin when this document and an **official transcript** are submitted to the Henrico County Public Schools Human Resources Department. This request must be received prior to the appropriate date, which shall be six weeks prior to the semester during which the experience will begin.

(Please type or print)

Name of Applicant _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

College/University _____

Licensure Endorsement _____ Major Field G.P.A. _____

Requested Dates of Placement: First Placement _____ Dates _____ to _____

(If needed) Second Placement _____ Dates _____ to _____

Additional Notes/Comments: _____

College/University Representative Title

Do Not Complete Below This Line

HCPS Office Use Only

School Cooperating Teacher **From** _____ **to** _____
Dates

School Cooperating Teacher **From** _____ **to** _____
Dates

Principal HCPS Human Resource Administrator

Please complete and attach a statement to include the following information:
(Not required for Practicum or Observation requests)

- A. Biographical information including work experience, goals and community involvement.
- B. Brief information indicating why you have selected the field of education.
- C. Personal characteristics and strengths.