

Request for Observation/Experience Macomb School District

The Macomb School District has requested the following guidelines be established in order to eliminate the many individual requests from students and faculty coming at various times throughout the semester to teachers and building principals. The district requests an organized formal process which prioritizes instructional time and the safety of their students.

Procedures:

- WIU faculty members who plan for their students to complete an assignment in the Macomb School District must make requests to do so through the Coordinator for University Field and Clinical Experiences at Western Illinois University, Jackie Richmond, Horrabin Hall 48.

- Request forms will be completed by the faculty members. Forms are available on the Go Teach > WIU Faculty Resources website or a copy may be obtained at the office in Horrabin Hall 48.

- The requests must be made the semester **prior** to the expected experience.

- Forms should be sent to the Coordinator for University Field and Clinical Experiences, HH 48. The Coordinator will forward forms to the Macomb School District, Assistant Superintendent for Instruction. **Forms sent directly to the Macomb School District will not be approved.**

- The Macomb School District will consider the request and respond back to the Field and Clinical Office at Western Illinois University. The information will be forwarded to the faculty member.

- Students participating in the experience must provide written verification of a successful background/fingerprinting check (within the last six months) to the Office of the Teacher Education Program no later than two weeks prior to the experience.

- Questions may be directed to Jackie Richmond, 309-298-1281 or J-Richmond@wiu.edu.

Request for Observation/Experience Form Macomb School District

WIU Class Name/Number _____ Date of Application _____

Date/Dates of requested observation/experience _____

Describe requested activity below identifying total number of hours per student, time of day and number of days per week:

Subject/grade level requested _____

Professor requesting experience _____
(Print)

Contact Information

WIU Faculty and Department _____

Email address _____ Faculty Telephone contact _____

Each student participating must submit a paper copy of his/her successful background/FBI fingerprinting check to the Office of the Teacher Education Program (Horrabin Hall 48) **two** weeks prior to the beginning of the experience.

Coordinator of University Field and Clinical Experiences

Macomb School District Representative

Date

Date