

Student Initiated Request Clinical Placement Outside of the UW-Stout Placement Area

The UW-Stout School of Education faculty and staff carefully select the schools, cooperating teachers, school counselors, and school psychologists with which students are placed for clinical experiences. This is done to assure the greatest opportunity for students to be successful and allow efficient supervision by the university supervisors. Student initiated requests for student teaching, practicum, and internship placements outside the regular UW-Stout or program placement area will be approved only when there are highly unusual extenuating circumstances beyond the student's control, e.g. when the student is needed to care for a critically ill family member.

Students requesting a placement outside the UW-Stout Placement area for their program should submit the completed Request Form to the School of Education 267 HE with their Application for Student Teaching/Practicum/Internship if possible. If a circumstance arises later that necessitates requesting an out of area placement, the form should be submitted as soon as possible. Students will be asked to provide documentation of the extenuating circumstances.

Approval Conditions:

1. Any such request is contingent on the availability of an approved cooperating school, cooperating teacher, and university supervisor.
2. Requests for placements outside of Wisconsin or Minnesota will require prior verification that the education program in which the student is placed is comparable to Wisconsin.
3. If an out-of-area request is approved, the student may be charged for the extraordinary charges arising from an out-of-area placement (e.g. extra placement or supervisory travel costs), which the student will be notified of prior to finalization of the placement.
4. The student may be required to locate a university supervisor from a university in the area in which he/she is student teaching.
5. If a student who is placed outside the UW-Stout or program placement area experiences difficulty that require a closer level of supervision than can be provided in that setting, the student understands that he/she may be withdrawn from the placement and placed in-area the following semester.
6. If the out-of-area placement is submitted/approved after the final date for placement clearance the student may need to delay completion of their clinical experience.
7. Prior student performance (GPA, disposition reviews, Benchmark Interview results) will be taken into consideration.

Student Initiated Request for Out-Of-Area Clinical Placement

Section I: (to be completed by the student)

Name: _____

Program: _____

Student email: _____ Student ID Number: _____

Semester of Placement Request: _____

School or Geographic Area Requested: _____

Address if Specific School is Requested: _____

Contact Person if Specific School is Requested: _____

Contact email address: _____

Contact phone number: _____

Section II: Description of extenuating circumstances beyond student's control
(attach additional pages and documentation as needed)

Section III: Approval & Conditions

Placement Coordinator: _____ Date: _____

Notes:

Program Director: _____ Date: _____

Notes:

Department Chair: _____ Date: _____

Notes:

Dean, School of Education: _____ Date: _____

I testify that the information provided is accurate to the best of my knowledge.

_____ Date: _____