



## Mild-Moderate Disabilities - Experience Placement Form

Name: \_\_\_\_\_

Current Address \_\_\_\_\_

Email Address \_\_\_\_\_

Bilingual  Yes  No

Primary Phone \_\_\_\_\_

Grade levels of Interest \_\_\_\_\_ Do you have transportation?  Yes  No

### AVAILABILITY

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

### OTHER INFORMATION

Do you have Federal Work Study?  Yes  No

Are you a TRIO\* Supported Student?  Yes  No

Do you have and IVP Fingerprint Clearance card?  Yes  No

Your program requires 60 hours of observation. Have you worked with children before? If so, where/number of hours?

\_\_\_\_\_  
\_\_\_\_\_

**Office use only below this line**

School: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ School phone: \_\_\_\_\_

\*TRIO is a federally funded grant that supports student success. TRIO may fund the transportation to your pre-program fieldwork. If interested in finding out if you qualify for TRIO, check here .

**Please return form to Jennifer White at [jenniferm@arizona.edu](mailto:jenniferm@arizona.edu)**

*The information contained on this application may be shared with school placement sites as needed.  
Application submission grants us permission to share this information.*