

STUDENT OBSERVATION / FIELD EXPERIENCE INSTRUCTIONS

If you would like to complete your observation/field experience hours with Waterbury Public Schools, please print/type and follow these instructions carefully.

Observation Steps:

- Student submits Consent and Disclosure for Background Check, Observation Request Form and the University Observation Approval Letter, Course Description, Signed Confidentiality Form, Signed Policy Form, and copy of Driver's License or State Identification Card to the Human Capital Department **via email to ccarpentieri@waterbury.k12.ct.us or mwaters@waterbury.k12.ct.us**
- ****Any observation of individual students requires parental consent prior to observation date.**
- (Forms found on www.waterbury.k12.ct.us human resources: student observations)
- Criminal and Sex Offender Background check is conducted.
- Once cleared, an approval letter is emailed to the student.
- Student then calls the campus directly to arrange observation schedule.
- When student arrives on campus, they must show their driver's license/state identification to school administration and check in in the front office of the campus.
- Student completes observation hours.

After review of documents and background checks, the Talent & Professional Development Supervisor will send an email with a start date once you are approved for observations/field experience in Waterbury Public Schools. You may contact the campuses you have been assigned to **AFTER** receiving the approval email from Waterbury Public Schools. Observation hours/schedules will be assigned by the availability of the campus. Please note the Observation Blackout Dates when scheduling.

Fall Observations:

We will be processing Fall observations request Sept 3rd - Nov 4th as observations **MUST BE** completed Nov 30th.

Spring Observations:

We will be processing Spring observations request Jan 7th- April 3rd as observations **MUST BE** completed March 20th.

Please allow 7-10 business days for processing.

(Campus administrators: approved students will be added in the Observation Google Doc and sorted by approved campus. Please contact the Talent & Professional Development Office if you have questions.)

Talent & Professional Development Office
Waterbury Public School
(203) 574-8022

**STUDENT
APPLICATION
STUDENT OBSERVATION/FIELD EXPERIENCE**

Dear Applicant:

Thank you for selecting the Waterbury Public Schools as your choice to do your student observation. Please fill out Section 1 of the form below and have it signed by your college/university official. **Attach to this form, on official school letterhead, your supervisor's request that you do your student observation in the Waterbury Public Schools, indicating observation date(s), and number of hours per day.** Upon completion, please return both the letter and this form to the Human Capital & Talent Management Department.

Section I:

Name: _____ Tel. No. _____

Address: _____
Street City State Zip Code

College: _____ Tel. No. _____

Address: _____
Street City State Zip Code

Supervisor in Charge of Student Observation: _____

School(s) Preferred: 1) _____ 2) _____

Elementary Middle School High School Subject and Grade _____

Observation Date(s) _____ Day(s) of Week _____ Number of Hours _____

Signature of College / University Official: _____

If video-taping is required, it will solely be used for educational and course description purposes only, and not posted on any social media site. Parental consent is required for all students who maybe videoed. Recording cannot occur until consents are obtained.

Student's Signature: _____

By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature. **Section**

II: PLEASE DO NOT FILL IN THIS SECTION

Assigned to: School: _____ Principal: _____

Classroom Teacher: _____ Grade: _____ Subject: _____

Address: _____
Street City State Zip Code

APPROVED: _____ Date: _____ Talent & Professional
Development Supervisor/Director of Personnel & Talent Management

By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature.

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College/University

STUDENT OBSERVATION/FIELD EXPERIENCE

CANDIDATE CONFIDENTIALITY AGREEMENT

Federal law guarantees privacy and confidentiality for students and their records. As a visitor to Waterbury Public Schools, I, the undersigned, understand and agree to the following:

The State of Connecticut has promulgated regulations to ensure parent's and student's rights of confidentiality, inspection, amendment, and destruction of student records and to assist the local systems in adhering to the law.

In accordance with federal and state requirement, the district protects the confidentiality of any personally identifiable information that it collects, uses, or maintain. The district maintains and provides access to student records in accordance with federal and state requirements.

As a student completing observation/field experience in the Waterbury Public Schools, I acknowledge that there may be information about students, families or staff that is of confidential nature. I agree not to reveal any information about students, families or staff of the Waterbury Public Schools outside the duties of my observation/field experience purpose. It is mandatory for student observers to maintain confidentiality of student/school information and address any concerns to the school principal.

Name (Print) _____ College _____

Signature _____

Date _____

By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature.

STUDENT OBSERVATION/FIELD EXPERIENCE POLICY

The Waterbury Public School District recognizes the importance of student observers gaining field experience at all levels of education. Student observers working within the schools must work under the supervision of school staff. Student observers should not be with a student/s unless in the presence of a classroom teacher, administrator, or appropriate school personnel. A student observer shall not be in a one-on-one situation with a child, during or outside of a school day. Student observers must provide identification and sign in/out at the school's main office.

Student observers are held to the same standards of conduct as school staff and must observe all Board of Education policies located at <https://www.waterbury.k12.ct.us/Content2/30>. Policies include the City of Waterbury guidelines for acceptable attire, drug free environment policy and internet use policy.

In order to be eligible to be an observer or complete field experience, you must be 18 years old or older, and have successful completion of the criminal and sex offender background checks. You must get approval from the Talent & Professional Development Office, before beginning.

Signature _____

Date _____

By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature.

CRIMINAL AND SEX OFFENDER REGISTRY AUTHORIZATION CHECK
Waterbury Public Schools

236 Grand Street ♦ Waterbury, CT 06702 ♦ Phone: (203) 574-8000 ♦ Fax: (203) 574-8010

NAME:
POSITION/TITLE/SCHOOL: STUDENT OBSERVER/FIELD EXPERIENCE
COLLEGE NAME:
DATE:

The above named individual has certified that he/she has no criminal convictions, pending criminal charges and sex offender registry record. The supervisor/school principal has indicated that the person will be closely supervised and not left alone with student/s.

The, below signed, individual has authorized the City of Waterbury and Waterbury Public Schools to process an online criminal background check and a sex offender registry check background check. If a criminal record is found, or information is disclosed by the individual to the Personnel and Talent Management Department the individual cannot complete their observation/field experience until he/she submit fingerprints for a full background check. Once the results are received the Director of Personnel and Talent Management will review the results and make the final approval of the request.

The individual understands that this is a conditional arrangement dependent on the outcome of the background check process. Furthermore, the individual agrees that an unfavorable fingerprint result return, constitutes grounds for ending the assignment.

STUDENT OBSERVER SIGNATURE:	
	Signature and Date <input type="checkbox"/> By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature.
APPROVED BY:	
	Human Capital Department Signature and Date <input type="checkbox"/> By checking this box, I ratify the use of the text/image I have entered above as an electronic representation of my signature.