



**Candidate Request for
Clinical Supervision Experience and/or Field Experience**

Send completed form to
Norah Merritt, Executive Director
5 BOCES Road
Poughkeepsie, New York 12601

Name: _____ Date: _____
Address: _____ Daytime Phone No. _____
City: _____ Emergency Phone No. _____
State: _____ Zip Code: _____ Email: _____

(This form must be accompanied by a Picture ID and Documentation of Fingerprint clearance)

Please check one:

Student Teacher Student Observer Student Intern Other

College Attending:

Requested Location (school/building)

Requested Dates: From: _____ To: _____

Requested Days and Hours: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|--------|---------|-----------|----------|--------|
| Start Time | | | | | |
| End Time | | | | | |

1. State your reasons for requesting clinical supervisory experience OR field experience at Dutchess BOCES:

2. Provide information regarding your educational and employment background; including current employer:

3. List all current and past clinical supervisory experience OR field experience:

4. Describe any qualities, skills or abilities that you feel would make you a good candidate for clinical supervisory experience OR field experience at Dutchess BOCES:

I attest that all information is true.

Signature

M: Student Teaching

Date