**External- Other Pre-Screening Form**

The purpose of this form is to ensure that your practicum setting meets the practicum/content requirements. This form should be completed and returned to SOEPracticum@liberty.edu. Please ensure that you have identified the correct placement group based on the Field Experience Placements Group Document located on the [Requesting Procedures for Field Experiences](https://www.liberty.edu/education/field-experience/requests/) webpage. **This form should ONLY be completed by external- other students.**

**Student Information**

Student Name: Click or tap here to enter text. Today’s Date: Click or tap to enter a date.

LU Email ONLY: Click or tap here to enter text. LU Student ID: Click or tap here to enter text.

Endorsement Area(s): Choose an item. Seeking Licensure: [ ] Yes *or* [ ] No

**Course Information**

Practicum Course: Choose an item. Semester of Practicum Course: Click or tap here to enter text.

Co-requisite Course: Choose an item. Semester of Co-requisite Course: Click or tap here to enter text.

**Mentor Information**

Mentor First Name: Click or tap here to enter text. Mentor Gender: Choose an item.

Mentor Last Name: Click or tap here to enter text. Mentor Ethnicity: Choose an item.

Mentor School Email Address: Click or tap here to enter text. Role of Mentor: Choose an item.

**Placement Information**

School Type: Choose an item.

School District: Click or tap here to enter text.

School Name: Click or tap here to enter text.

School Street Address: Click or tap here to enter text.

School Website: Click or tap here to enter text. \*required for determining site eligibility

Grade Level: Click or tap here to enter text.

Are you currently employed by this school division? [ ]  Yes *or* [ ]  No

If so, what is your position? Choose an item.

List the subjects taught in this classroom: Click or tap here to enter text.

[ ]  I understand that I am responsible for securing my own placement. **This form is NOT a placement request.**

[ ]  I understand that I may be required to secure a different placement if my placement does not align with the practicum/content requirements.

[ ]  If I am employed in this school district, I understand that I am responsible for reviewing my school district’s HR placement policies, and I have communicated my placement details to my school administrator.

[ ]  I understand that my placement will be evaluated further at a later time for final approval when my placement is set up in LiveText. I understand that I may be required to secure a different placement at a later time if my placement does not align with the practicum/content requirements upon further evaluation.

[ ]  I understand that I must complete and receive full clearances for the School of Education background check and fingerprinting before I may begin my placement. I understand I am responsible for the fees associated with this background check.

[ ]  I have attached my selected school/district reopening plan as documentation of the COVID guidelines for the school.