

Office of Partnerships, Professional Experiences, and Outreach  
College of Education and Human Services  
Shippensburg University  
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**Acknowledgement of Field Placement Expectations**  
*(To be submitted with your Clearance Cover Sheet)*

As an education major at Shippensburg University, I understand that there are many responsibilities to which I must attend in order to successfully complete the program and become a certified teacher in the State of Pennsylvania. I have read the Field Experience Handbook carefully and understand the content. I have read the guidelines concerning **clearance requirements, dispositions, field experience procedures, and the tracking of those field experiences**. I understand that I must be proactive and timely as I work to comply with the necessary field requirements outlined in this handbook to be **eligible** to continue through the program. **Failure to do so may result in removal from the teacher education program.**

I understand that I will have access to privileged and confidential information while participating in field experiences. I agree to maintain confidentiality and professionalism in all circumstances relating to the people I meet in the field, the school districts with which I participate, and the information and data with which I am entrusted. This statement of confidentiality encompasses all communication venues including on-line media such as email, Facebook, YouTube, Twitter, blogs, etc. I recognize the appropriate channels by which I can communicate concerns relating to my participation in the field. I understand that the director of the OPPEO, my department chair, or education faculty/supervisors are all appropriate professional resources and will welcome my questions and concerns. Because the consequences of breaching confidentiality are potentially very costly to the individuals involved and to the education program, **I understand that my failure to abide by this statement may result in removal from the teacher education program.**

My signature below signifies my understanding and willful compliance with the policies and procedures established in this handbook, as well as the overall expectations of Shippensburg University and the Pennsylvania State Department of Education.

**Printed Name:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**Anticipated Graduation Semester:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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**For OPPEO Use:**

**Date Submitted to Office:** \_\_\_\_\_

**Notes:**