REQUEST TO COMPLETE
STUDENT TEACHING/INTERNSHIP/CLASSROOM OBSERVATIONS

Please complete the table shown below and submit this form along with documentation regarding the expectations for your participation in the requested activities (assignment description, course syllabus, etc.).

| Name: | |
| Phone Number: | |
| E-mail Address: | |
| Name of program requiring completion of internship/observation? | |
| Which experience are you requesting--student teaching/internship or classroom observations? | |
| If completing classroom observations, how many clock hours do you need? | |
| What grade level/subjects do you desire to be assigned? | |
| Date available to start: | |
| Deadline for completing: | |
| Please list any preferences for campus of assignment. | |

My signature below indicates my commitment to maintain confidentiality of any student or staff information gained through my experience with Forney ISD. I further acknowledge that my actions as a participant will be free of harassment, retaliation, and/or discrimination.

______________________________  __________
Participant Signature      Date

Return completed form to:
Sylvia Morton
(Sylvia.morton@forneyisd.net)

The Forney ISD does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities.
Please ✓ all campuses for which you plan to volunteer:

☐ Blackburn  ☐ Claybon  ☐ Criswell  ☐ Crosby  ☐ Henderson  ☐ Johnson  ☐ Lewis  ☐ Rhea  ☐ Smith  
☐ Brown MS  ☐ Warren MS  ☐ FHS  ☐ NFHS  ☐ Band  ☐ Choir

The Forney Independent School District is authorized by state law to obtain criminal history record information on individuals who desire to serve as employees or volunteers for the district (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

Reason for Authorization:  ☐ Approval as Volunteer  ☐ Approval as Student Teacher/Class Observer  
☐ Approval as New Employee  ☐ Approval as Contractor

Please print clearly and complete all information.

Name _____________________________________________________________________________________

Last  Maiden Name (if applicable)  First  Middle ______________________________________________________________________________________________

Address                           City                                County                        State                     Zip Code

Texas Driver’s License #                                Date of Birth                                        Social Security Number

(or State ID#)

Sex:  ☐ Male  ☐ Female        Ethnicity:  ☐ Black  ☐ White  ☐ Hispanic  ☐ Other

Please list the states where you have resided since reaching the age of 18:__________________________________________

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment or approval as a volunteer, but will be used solely for the purpose of obtaining criminal history record information and authorize Forney ISD to conduct a criminal history check.

________________________________________                            ________________________
Signature                                                      Date

________________________________________                             ________________________
Name of child(ren) at the campus                                      Telephone Number(s)

If submitting this form for approval as a volunteer or participant in school activities, this form must be submitted to the campus office 10 school days prior to participation in activity. If timeline is not met, applicant will not be allowed to participate in school activity.

*For those submitting this form related to possible employment, the form will be removed from the application and filed separately in the personnel office.

This form MUST be completed every year.  
It is only necessary to complete one form per person.  
You do not need to complete a separate form for each campus or each child.  
You may list all campuses and all names of children on one form.
DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, ______________________________________, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Employee or Volunteer Applicant

_______________________________________________

Date

Forney ISD
Agency Name

_______________________________________________

Agency Representative Name (Please print)

_______________________________________________

Signature of Agency Representative

_______________________________________________

OFFICE USE ONLY
Please: Check and Initial each Applicable Space

CCH Report Printed:
Yes_____No_____ _______initial

Purpose of CCH: Activity Participant

Hired_____Not Hired______ _______initial

Date Printed:________________ _______initial

Destroyed Date:_____________ _______initial

Retain in your files