

NON-EMPLOYED STAFF REGISTRATION FORM

Outside Student Services, School District Staff, Practicum Participants, Interns, Observers, Volunteers, Etc. **Please complete all information on this form.**

Name:			Telephone:	
Agency:			Cell Phone:	
Address:	Z	ip	E-Mail:	
☐ Permission to	Observe/Dialogue/	Release Records		
Volunteer – see Professional req Student Teachin	g/Practicum/Internship	ng Act 153 for addition of Classroom/Worksite of/Observation	e/Guest Speaker in Cla	ssroom ng, Therapies, SD, etc.)
Name of student(s)	(if applicable):			
Start Date at The Pa	athway School:			
End Date at The Pa	thway School:			
Check One Please n	ote 8 hours refers to the	e TOTAL time in the s	chool year.	
student, be her		ours total time in the s	school year or visit Pat	or unsupervised with a thway more than 3 times
	_ •		, observation only , where for less than 10 h	ill not be left unattended nours total.
Schedule Requested	Please enter propose Ex. 8:45 am. –3:00 p		responding day and tim	nes to come to Pathway.
Monday	Tuesday	Wednesday	Thursday	Friday

Comments/Requests:



Please also complete if you	are requesting Student Teaching, Practicum, Internshi	p or Observation
Facility/College/University N	ame:	
Supervisor Name:		
Phone:	email :	
To Be Completed by Pathy	vay Department Director or Supervisor for registra	ation submittal
Pathway Director or Supervi	sor Approval:	
Pathway Assigned Classroom	n/Teacher (if applicable):	_
Pathway Assigned Supervisor	r (if applicable):	
Pathway Comments/Requests	s :	