



LAKESHORE SCHOOL PLACEMENT REQUEST FORM

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

COLLEGE/UNIVERSITY: _____

YEAR OF STUDY: _____

DURATION OF PLACEMENT: _____

PREFERRED GRADE (PLEASE CHECK ALL THAT APPLY):

- | | | |
|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> KINDERGARTEN | <input type="checkbox"/> GRADE 1/2 | <input type="checkbox"/> GRADE 3 |
| <input type="checkbox"/> GRADE 4/5 | <input type="checkbox"/> GRADE 5/6 | <input type="checkbox"/> GRADE 7/8 |

PLACEMENT EXPECTATIONS:

- OBSERVATION ONLY
- CO-PLAN AND CO-TEACH
- INDEPENDENT PLANNING & TEACHING

PREFERRED PLACEMENT TIMING (MONTH/DAYS OF THE WEEK)

PLEASE COMPLETE THIS FORM AND SEND IT VIA EMAIL TO:
INFO@LAKESHORESCHOOL.CA. SOMEONE WILL BE IN TOUCH WITH
PLACEMENT OPPORTUNITIES FOR THE 2023-2024 SCHOOL YEAR.