



# CASTLEBERRY INDEPENDENT SCHOOL DISTRICT

5228 Ohio Garden Road • River Oaks, Texas 76114 - 3729 • 817.252.2001

*Myrna Blanchard, Ph.D., Director of Talent Acquisition and Policy*

## Student Teaching or Observation Request

University/ACP:	Semester:
Applicants Name:	
Please indicate if you are requesting student teaching or observation hours:	
Address:	
City, State & Zip Code	
Phone Number:	
E-mail Address:	
Student Teacher Certification Area:	
Student Teacher Certification Grade Level:	
Assignment Dates Preferred:	
If requesting observation hours only, please indicate total # of hours needed	
If requesting observation hours only, please indicate preferred times for observations and days of the week preferred (if applicable):	
University/ACP Supervisor (Name and Title):	
University/ACP Supervisor Email:	
University/ACP Supervisor Contact Phone #:	
University/ACP Supervisor Signature:	

Please list any other specific University/ACP Requirements:

I understand that I need to submit the following via email:

- 1) This request form
- 2) Criminal History Record Information Authorization Form
- 3) A copy of my driver's license

**Submit to:**

**Gabby Varela**  
**Talent Acquisition Manager**  
[varelaa@castleberryisd.net](mailto:varelaa@castleberryisd.net)

**Requestor will be notified of approval status via email**

To access required forms please visit the [Student Teaching Opportunities](#) page on the Castleberry ISD website.