



Office of Teacher Certification
Student Teaching Placement Confirmation

PLACEMENT INFORMATION:
Student Teacher: _____ Phone Number _____
Area of Certification: _____
School Placed at: _____ School Phone Number: _____
Date of Interview: _____ Placement Dates: _____
Student Teacher Signature: _____

PRINCIPAL INFORMATION
Principal Name: _____
Principal Email Address: _____
TO PRINCIPAL OR DESIGNEE: Your signature verifies that the cooperating teacher assigned to the student teacher has a minimum of three years teaching experience. A copy of this form, signed by the Coordinator of Teacher Certification and Clinical Experiences, will be mailed to the school to officially confirm this placement.
School Principal Signature: _____ Date: _____

COOPERATING TEACHER:
Name: _____ Grade: _____
Subject: _____
Email Address: _____
Cooperating Teacher Signature: _____ Date: _____

SPECIAL EDUCATION COOPERATING TEACHER (If applicable)
Name: _____ Grade: _____
Email Address: _____
Special Education Cooperating Teacher Signature: _____ Date: _____

Signatures of all parties indicate a willingness to meet the conditions outlined in the Teacher Certification Handbook for the placement dates indicated above.
The student should return this form to the Office of Teacher Certification for authorization as soon as possible after the interview. This form is due to OTC by November 30 for Spring Student Teachers and April 30 for Fall Student Teachers.
Coordinator of Teacher Certification and Clinical Experiences _____ Date _____
www.plymouth.edu/teachercertification/