Internship in Teaching Placement Confirmation Sheet

Please return this completed form to the Center for School Partnerships and Educator Preparation, Plymouth State University, Highland Hall, MSC 55 Plymouth, NH 03264 Phone: (603)-535-2224 Fax: (603)535-2454
Email: psu-oep@plymouth.edu

Intern Information:

Undergraduate Intern [ ] Graduate Intern [ ]

First Name ____________________________ Last Name ____________________________ Phone Number ____________________________

Email: __________________________________________

Area of Certification: ____________________________

Internship School and Address: ____________________________

Dates of Internship: Start _____/_____/______ End _____/_____/______

My signature indicates I am aware of my responsibility for contacting the SAU office to facilitate my criminal record check and fingerprinting.

Intern Signature: __________________________________________ Date: _____/_____/______

Mentor Teacher Information:

Subject ____________________________ Grade ____________________________

First Name ____________________________ Last Name ____________________________ Middle Initial ______

Email Address: __________________________________________

My signature indicates that I agree to fulfill the roles & responsibilities of the mentor teacher as outlined in the handbook.

Mentor Teacher Signature ____________________________ Date: _____/_____/______

Mentor Teacher Information:

Subject ____________________________ Grade ____________________________

First Name ____________________________ Last Name ____________________________ Middle Initial ______

Email Address: __________________________________________

My signature indicates that I agree to fulfill the roles & responsibilities of the mentor teacher as outlined in the handbook.

Mentor Teacher Signature ____________________________ Date: _____/_____/______

Principal or Designee Information:

First Name ____________________________ Last Name ____________________________ Phone Number ____________________________

Email: __________________________________________

My signature indicates my approval that the mentor teacher, stated above, has permission to host an intern and has a minimum of three years teaching experience. It also verifies that this school is approved by the state Department of Education.

Principal or Designee Signature: ____________________________ Date: _____/_____/______

Signatures of all parties indicate a willingness to meet the conditions outlined in the handbook for the placement dates indicated above.

The student should return this form to the Office of Educator Preparation for authorization as soon as possible after the interview.

__________________________________________ Date: _____/_____/______

Coordinator of Internships in Teaching Signature