Plymouth State
UNIVERSITY
Educational Leadership, Learning
and Curriculum Department

Internship In Teaching Placement Information

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INTERN INFORMATION:

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Phone # ☐-☐☐☐-☐☐☐-☐☐☐☐

Home Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ City/Town ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐

ACADEMIC INFORMATION:

Degree*:* ☐BS ☐Cert Only ☐MEd ☐MAT ☐MS

Major:_____ Concentration:_____

Area of Certification Endorsement:_____

Program Advisor:_____

Anticipated Graduation Date:_____

Program Coordinator: Please List Recommended Schools

1st School_____ Grade___ Mentor Teacher_____

2nd School_____ Grade___ Mentor Teacher_____

3rd School_____ Grade___ Mentor Teacher_____

a.) Did the candidate attend any of the requested schools? Yes__ No__

b.) Does the candidate have any relatives that are students or employees in the school or district? Yes__ No__

c.) Does the candidate have a relationship with anyone in any of the schools listed above? Yes__ No__
Explain:_____

d.) Has the candidate worked in any of the school districts listed above? Yes__ No__
Explain_____

e.) Schools candidate attended_____
_____

f.) Town candidate will be living in during internship_____

Program Coordinator Signature_____ **Date**___/___/___

My signature indicates that I have reviewed the Road to Teacher Certification. I understand the prerequisites for the internship experience, and failure to meet those prerequisites will impede on my progress towards my internship experience being facilitated. My signature also indicates that I give Plymouth State University permission to use any of my coursework relative to educator certification for accreditation and state program approval processes.

Candidate Signature_____ **Date**___/___/___