Plymouth State UNIVERSITY
Office of Educator Preparation

Internship In Teaching Placement Information

Please return this completed form to the Office of Educator Preparation
Plymouth State University, Speare 220, MSC 41A Plymouth, NH 03264
Phone: (603)-535-2224 Fax: (603)535-2454 Email: psu-oep@plymouth.edu

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

**Internship programs leading to K-12 certification require two placements in two levels(one six/eight week placement at the primary level and one six/eight week placement at the secondary level).*

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.

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