

Internship in Teaching Placement Confirmation Sheet

Please return this completed form to the Holmes Center at 317 Rounds Hall.

Phone: (603)-535-2220

Email: psu-holmescenter@plymouth.edu

Intern Information

Undergraduate Intern ☐

Graduate Intern ☐

Printed Legal Name: _____

Email: _____ Phone Number: () _____

Area of Certification: _____

Internship School and Address: _____

Date of Internship: Start ____ / ____ / ____ End ____ / ____ / ____

My signature indicates that I have read and I commit to the Internship Handbook and the Internship Agreement (see reverse). I am aware of my responsibility to contact my placement school's SAU office to facilitate their fingerprinting and criminal record check requirement.

Intern Signature: _____ Date: _____

Mentor Teacher Information

Subject: _____ Grade/s: _____

Printed Legal Name: _____

Email: _____

My signature indicates that I agree to fulfill the roles and responsibilities of the mentor teacher as outlined in the Internship Handbook, and I have read the Intern Agreement (see reverse).

Mentor Teacher Signature: _____ Date: _____

Mentor Teacher Information

Subject: _____ Grade/s: _____

Printed Legal Name: _____

Email: _____

My signature indicates that I agree to fulfill the roles and responsibilities of the mentor teacher as outlined in the Internship Handbook, and I have read the Intern Agreement (see reverse).

Mentor Teacher Signature: _____ Date: _____

Principal or Designated Administrator Information

Printed Name: _____

Email: _____

My signature indicates my approval that the mentor teacher/s, stated above, has permission to host and has a minimum of three years teaching experience.

Principal or Designee Signature: _____ Date: _____

Signatures of all parties indicate a willingness to meet conditions outlined in the Internship Handbook and on the Intern Agreement for the dates indicated above. The intern will return this completed form or a digital copy to the Holmes Center for authorization as soon as possible after the interview.

Holmes Center Clinical Coordinator: _____ Date: _____
