



HOLMES CENTER FOR SCHOOL PARTNERSHIPS
AND EDUCATOR PREPARATION

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: _____

Internship in Teaching: Intern Agreement

Before my internship begins, I will:

- ❖ Thoroughly read and understand the Internship in Teaching Handbook
- ❖ Make sure that the Internship in Teaching Semester Calendar events have been recorded in my own calendar
- ❖ Read and follow the NH Code of Ethics and NH Code of Conduct
- ❖ Obtain my own transportation for the internship
- ❖ Complete the background check required by my placement school's district office, which may include a fee
- ❖ Understand that my internship is my first priority and organize my other obligations accordingly
- ❖ *Not* plan a trip over PSU spring semester break nor plan to attend ski day and other events that occur during my placement school schedule

I understand that, during the internship, I am expected to:

- ❖ Abide by the policies of my placement school
- ❖ Follow the calendar of my placement school
- ❖ Attend my internship dependably, with punctuality, organized responsibility, and energy
- ❖ Use my own initiative to take advantage of this opportunity for professional growth
- ❖ Participate with my mentor in meetings, school activities, events, and any other opportunities that may be presented to me
- ❖ Plan to spend time outside school hours planning and preparing both with my mentor and independently
- ❖ Communicate responsibly with my team: mentor, university supervisor, and the Holmes Center
- ❖ Use my team proactively for advice, help, and moral support
- ❖ Follow my seminar instructor's timeline for completing and submitting the components of my TCAP project
- ❖ Take good care of my physical and mental health
- ❖ Attend the events as listed on the Internship in Teaching Calendar