

Student Teacher/Intern Assignment Verification

MONTGOMERY COUNTY PUBLIC SCHOOLS

7361 Calhoun Street, Suite 401
Rockville, Maryland 20855
Phone: 301-279-3278
Fax: 301-517-5830



FOR MONTGOMERY COUNTY PUBLIC SCHOOLS ONLY

Dates ____/____/____, ____/____/____

No. of Weeks ____

Reviewer: ____ OHR ____ OOD ____ OCIP

Approved Not Approved

INSTRUCTIONS

1. Student teaching is considered the **final field experience** before entering the teaching profession. **This form is to be completed for the student teaching only. Do not include observation or practicum dates.**
2. Please complete one form for each student teacher/intern. Please attach the student's résumé to the form.
3. If the student has more than one assignment for the student teaching field experience, complete a form for each assignment.
4. **Please submit forms 10 days prior to assignment date..** Make sure all information about the field experience is included, such as the school location and MCPS supervising teacher.
5. The college/university coordinator may return or fax the forms to the address/fax listed above.
6. **Submission of form does not constitute approval. College/university coordinators and schools will be notified of approval.**

STUDENT INFORMATION—PLEASE PRINT OR TYPE

Name of Student Teacher/Intern _____ Graduation Date (mo./yr.) ____/____

College/University _____ E-Mail Address _____

Current Mailing Address: Street _____

City _____ State _____ ZIP Code _____

MCPS Employee Yes No MCPS ID # _____ Current MCPS Position _____

Gender Male Female Ethnicity Hispanic African American Asian American Native American White

MCPS STUDENT TEACHER/INTERN ASSIGNMENT—PLEASE PRINT OR TYPE—College completes this section.

MCPS School _____

Subject/Grade Level/Assignment _____ Start ____/____/____ End ____/____/____

MCPS Supervising Teacher _____

Session Summer Fall Spring

Calendar Year _____

Length of Assignment 4 Weeks 6 Weeks 8 Weeks 10 Weeks 12 Weeks 16 Weeks 18 Weeks

Hours per week _____

Is this assignment: full-time part-time long-term sub

COLLEGE/UNIVERSITY INFORMATION—PLEASE PRINT OR TYPE. College completes this section.

College/University _____

College/University Coordinator _____

Coordinator Contact Info: E-mail _____

<input type="checkbox"/> JHU Counseling	<input type="checkbox"/> GW Teachers 2000	<input type="checkbox"/> UMCP MACERT Partnership	<input type="checkbox"/> School Media Library Science
<input type="checkbox"/> JHU ProMAT	<input type="checkbox"/> GW ParaPro—Spec. Ed.	<input type="checkbox"/> UMCP MACERT	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> JHU ProSEMS	<input type="checkbox"/> CUC dual cert SpecEd	<input type="checkbox"/> UMCP CITE	<input type="checkbox"/> Towson MA Spec Ed
<input type="checkbox"/> JHU SETIT	<input type="checkbox"/> UMCP Counseling	<input type="checkbox"/> Montgomery Coll ACET	<input type="checkbox"/> Hood RTC
Other _____			

Signature, College/University Coordinator

Phone

Date