

# Student Teaching/Intern Assignment Verification

## MONTGOMERY COUNTY PUBLIC SCHOOLS

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



### FOR OFFICE OF HUMAN RESOURCES USE ONLY

Dates \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of Weeks \_\_\_\_\_

Dept. or OOD reviewer \_\_\_\_\_

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 formal internship only.**
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 final field experience, complete a form for each assignment.
4. **Please submit forms by the due date stated in the accompanying letter.** 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 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 \_\_\_\_\_ Social Security (optional) \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

(optional) Gender  Male  Female Ethnicity  Hispanic  African American  Asian American  Native American  White

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

MCPS School/Office \_\_\_\_\_ Is this school a PDS?  Yes  No

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

Other (specify) \_\_\_\_\_

Hours per week \_\_\_\_\_ Is this assignment full-time  part-time

### 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 _____   | <input type="checkbox"/> GW Teachers 2000     | <input type="checkbox"/> UMCP MACERT          | <input type="checkbox"/> Towson Speech/Lang       |
| <input type="checkbox"/> JHU ProSEMS | <input type="checkbox"/> GW ParaPro—Spec. Ed. | <input type="checkbox"/> UMCP CITE            | <input type="checkbox"/> Towson MA Spec Ed        |
| <input type="checkbox"/> JHU SETIT   | <input type="checkbox"/> Bowie State Reading  | <input type="checkbox"/> UMCP Speech/Lang     | <input type="checkbox"/> Towson School Psychology |
| <input type="checkbox"/> JHU SIMAT   | <input type="checkbox"/> CUC dual cert SpecEd | <input type="checkbox"/> McDaniel Library Sci | <input type="checkbox"/> Towson Library Sci       |
| <input type="checkbox"/> JHU FLEXMAT | <input type="checkbox"/> Trinity ESOL         | <input type="checkbox"/> Montgomery Coll ACET | <input type="checkbox"/> Hood RTC                 |

Other \_\_\_\_\_

\_\_\_\_\_  
Signature, College/University Coordinator

\_\_\_\_\_  
Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date