



Student Teacher/Intern Assignment Verification

MONTGOMERY COUNTY PUBLIC SCHOOLS
7361 Calhoun Street, Suite 401 • Rockville, Maryland 20855
Phone: 301-279-3900 • Fax: 301-279-3024

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 _____ Telephone _____-_____-_____

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 Other _____

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

MCPS School _____

Subject _____ Grade Level _____

Assignment _____

MCPS Supervising Teacher _____

**Student Teaching Dates Only
No Observation or Practice Dates**

Start ____/____/____ End ____/____/____

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 _____ Days 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:

Name _____ E-mail _____

<input type="checkbox"/> Art	<input type="checkbox"/> JHU SIMAT	<input type="checkbox"/> UMCP TLC	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Counseling	<input type="checkbox"/> GW Teachers 2000	<input type="checkbox"/> Montgomery Coll ACET	<input type="checkbox"/> Special Ed.
<input type="checkbox"/> JHU ProMAT	<input type="checkbox"/> UMCP MACERT Partnership	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Special Ed.—Dual Cert.
<input type="checkbox"/> JHU ProSEMS	<input type="checkbox"/> UMCP MACERT	<input type="checkbox"/> Music	
<input type="checkbox"/> JHU SETIT	<input type="checkbox"/> UMCP CITE	<input type="checkbox"/> School Media Library Science	
Other _____			

Signature, College/University Coordinator

Telephone

____/____/____
Date