

Internship in Teaching Placement Confirmation Sheet

Please return this completed form to the Holmes Center for School Partnerships and Educator Preparation, Plymouth State University, Highland Hall, MSC 55, Plymouth, NH 03264 Phone: (603)-535-2220 Fax: (603)535-2454 Email: psu-holmes center@plymouth.edu

Intern Information:

Undergraduate Intern Graduate Intern

First Name

Last Name

Phone Number

Email: _____

Area of Certification: _____

Internship School and Address: _____

Dates of Internship: Start ____/____/____ End ____/____/____

My signature indicates I am aware of my responsibility for contacting the SAU office to facilitate my criminal record check and fingerprinting.

Intern Signature: _____ **Date:** ____/____/____

Mentor Teacher Information:

First Name

Last Name

Middle Initial

Subject _____

Grade _____

Email Address: _____

My signature indicates that I agree to fulfill the roles & responsibilities of the mentor teacher as outlined in the handbook.

Mentor Teacher Signature _____ **Date:** ____/____/____

Mentor Teacher Information:

First Name

Last Name

Middle Initial

Subject _____

Grade _____

Email Address: _____

My signature indicates that I agree to fulfill the roles & responsibilities of the mentor teacher as outlined in the handbook.

Mentor Teacher Signature _____ **Date:** ____/____/____

Principal or Designee Information:

First Name

Last Name

Phone Number

Email: _____

My signature indicates my approval that the mentor teacher, stated above, has permission to host an intern and has a minimum of three years teaching experience. It also verifies that this school is approved by the state Department of Education.

Principal or Designee Signature: _____ **Date:** ____/____/____

Signatures of all parties indicate a willingness to meet the conditions outlined in the handbook for the placement dates indicated above.

The student should return this form to the Holmes Center for authorization as soon as possible after the interview.

_____/_____/_____
Coordinator of Internships in Teaching Signature _____/_____/_____
Date