



# 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-holmescenter@plymouth.edu](mailto:psu-holmescenter@plymouth.edu)

Holmes Center for School Partnerships and Educator Preparation

**Intern Information:** Undergraduate Intern  Graduate Intern

Intern Name/Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Area of Certification: \_\_\_\_\_

Internship School and Address: \_\_\_\_\_

Dates of Internship: Start \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

**Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Mentor Teacher Information:

Mentor Name/Grade/Subject: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Mentor Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Mentor Teacher Information:

Mentor Name/Grade/Subject: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Mentor Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Principal or Designee Information:

Name/Position: \_\_\_\_\_

Email: \_\_\_\_\_

*My e-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:** \_\_\_\_\_ **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**

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