



STUDENT TEACHER/INTERN PLACEMENT FORM

APPLICATION FOR (Check one) _____ DATE: _____
 _____ STUDENT TEACHING
 _____ INTERNSHIP (Circle one of the following): Counseling Administration Other _____
 SESSION (Check one of the following) : Spring
 Fall

STUDENT INFORMATION – Please Print or Type

Full Name: _____
 (LAST) (FIRST) (MIDDLE)
 Current Address: _____
 STREET CITY STATE ZIP
 Address During Student Teaching: _____
 Current Phone: Day (____) _____ Evening (____) _____
 E-mail Address: Day (____) _____ Graduation Date (mo/yr.) ____/____/____
 Name of College or University: _____ Teaching Program: _____

PWCS STUDENT TEACHER OR INTERN ASSIGNMENT – Please print or type – College Section

FIRST PLACEMENT REQUEST	SECOND PLACEMENT REQUEST
Placement Subject/Grade Level/Assignment	Placement Subject/Grade Level/Assignment
Beginning and Ending Dates:	Beginning and Ending Dates:
School (Preferred):	School (Preferred):
University Supervisor: (Optional)	University Supervisor: (Optional)
Cooperating Teacher(s): (Optional)	Cooperating Teacher(s): (Optional)
COMMENTS:	COMMENTS:

FOR ALL MUSIC PLACEMENTS, PLEASE INDICATE WHETHER THE PLACEMENT SHOULD BE FOR CHORAL, BAND, INSTRUMENTAL OR STRINGS

FOR SPECIAL EDUCATION PLACEMENT REQUESTS, PLEASE INDICATE THE **SPECIFIC EXCEPTIONALITY**, i.e.. LD, ED, , MIDI, MODI, etc.

 Signature, College/University Coordinator

 Phone

 Date

Please forward copies of transcripts and resume along with the application in order to avoid delays in processing your request to:

Elaine Standifer
 Department of Human Resources
 Fax: 703-791-8379