STUDENT TEACHING AND INTERNSHIPS – PRACTICUM STUDENT/STUDENT TEACHER/INTERN REGISTRATION FORM

INGHAM INTERMEDIATE SCHOOL DISTRICT

Division of Special Education

Practicum Student/Student Teacher/Intern Registration Form

Name ___________________________ Date ____________

Local Address ___________________________ Phone ______________________

Phone ____________________________

In case of emergency, notify: ____________________________ Phone ______________________

Student classification _____ Senior _____ Grad _____ Other (Specify) _____________

Name of University _____________________________

University Department _____________________________

Academic major _________________________ Minor _________________________

Date teacher/state certification expected _____________________________

University contact person coordinating this placement:

Name ___________________________ Phone _____________________________

Type of placement requested:

_____ Student teaching  _____ Intern  _____ Part-time practicum experience

Number of hours per week ____________

Date experience is to begin ________________  terminate _______________________
Are you presently employed:  __________ Yes  __________ No

Number of hours per week ________________

Signature ____________________________ Date __________________

A copy of the student's current university transcript must be attached to this application.

Name ________________________________ Interview Date ____________________

Interviewed by ________________________________

Approved by ________________________________

Reason, if not approved ________________________________

__________________________________________

School district(s) assignment(s) ________________________________

__________________________________________

Dates of assignment(s) ________________________________

Discipline assignment(s) ________________________________

School building(s) assignment(s) ________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
*Supervising professional _____________________________________________

I have reviewed this application and am in agreement with the recommended assignment.

______________________________  Date ____________________________
Local Director of Special Education

*Return the completed form to the Ingham Intermediate School District supervisor indicated above.