

Phase II/III Student Teaching Placement Request

Placement for (check one): Fall Spring Intern _____
Year

Part A. General Information – To be completed by student teacher

Name: _____ Student ID #: _____
(Last) (First) (M.I.)

Address: _____

Telephone: Day _____ Evening: _____

Email: _____

Phase I Placement completed with _____ at _____
(Master Teacher) (School)
in _____ Phase I Student Teacher Supervisor: _____
(District)

Part B. Placement Request To District – To be completed by subject area advisor

_____ Course _____ Course _____ School _____ District _____

Phase II/III Time (check one): Morning Afternoon No Preference

Other specifications: _____

Note: All student teachers will complete a minimum of two weeks full-day student teaching in addition to their daily teaching.

Name of Subject Area Advisor: _____ Telephone: (408) 924-_____

Subject Area Advisor: _____ Date: _____
(signature)

Is the student teacher on contract: Yes No If yes (check one): part-time full-time

Part C. School District/School Site Action – To be completed by school district/school

____ (√) Placement has been arranged. Student teacher is to meet with _____
(Name Master Teacher)

at _____ in room _____
(School Site)

on _____ at _____ telephone _____
(Date) (Time)

____ (√) This student teacher cannot be placed at this time.

_____ Date _____
(Authorized School District/School Signature)

PLEASE RETURN ONCE PART C IS COMPLETED TO: Secondary Education, College of Education, SJSU, One Washington Square, San Jose, CA 95192-0077, Tel:408/924-3755 Fax: 408/924-4094