

**Full Year Student Teaching Placement Request (184XYZ)**

Placement start 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: \_\_\_\_\_

Time Preference: (check one):  Morning  Afternoon  No Preference

Location Preference: \_\_\_\_\_

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

\_\_\_\_\_ Course Course School District

Other specifications: \_\_\_\_\_

**Note: All student teachers must complete a minimum of two weeks full-day student teaching in addition to their daily teaching during the second semester of placement.**

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.  
\_\_\_\_ (✓) This student teacher cannot be placed at this time.

Site: \_\_\_\_\_ telephone \_\_\_\_\_  
(School Site)

**Mentor Teacher(s) assigned:**  
\_\_\_\_\_ Room # \_\_\_\_\_  
(Name Mentor Teacher)  
\_\_\_\_\_ Room # \_\_\_\_\_  
(Name Mentor Teacher)

Semester Start Date: \_\_\_\_\_ 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