



Student Teacher/Intern Assignment Verification

MONTGOMERY COUNTY PUBLIC SCHOOLS
45 W. Gude Drive, Suite 2300, Rockville, Maryland 20850
Phone: 301-315-7382

INSTRUCTIONS — THIS FORM IS INTERACTIVE AND MUST BE COMPLETED AND SIGNED ELECTRONICALLY.

1. Student teaching is considered the **final field experience** before entering the teaching profession. **This form is to be completed for student teaching only. THIS FORM IS NOT FOR OBSERVATION OR PRACTICUM EXPERIENCES.**
2. Please complete one form for each assignment.
3. **This form and all associated documents including criminal history record check, must be received by: June 1—Fall semester internship, October 1—Spring semester internship, April 1—Summer semester internship.** Make sure all information about the field experience is included, such as the school name, assignment dates, and all signatures. Full time placements will be given priority.
4. **Fingerprinting for criminal history record must be completed before starting the assignment. Specific fingerprinting instructions are located at www.montgomeryschoolsmd.org/departments/personnel/studentteaching.**
5. The Higher Education Representative should scan and e-mail the form to the fiscal assistant for Higher Education Partnerships.
6. **Submission of form does not constitute approval. Higher Education Representative will be notified of approval/denial. Assignments cannot begin before Higher Education Representative has been notified.**

HIGHER EDUCATION REPRESENTATIVE COMPLETES THIS FORM

STUDENT INFORMATION

Name of Student Teacher/Intern _____ Graduation Date (mo./yr.) ____/____/____
Last First M.I. Maiden
 Current Address _____
 E-mail Address _____ Telephone ____-____-____
 MCPS Employee Yes No MCPS ID # _____ Current MCPS Position _____
 Gender Male Female Ethnicity Hispanic or Latino Not Hispanic or Latino
 Race (Optional). *More than one response can be selected.*
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Two or more
 Are you fluent in any language(s) other than English? Yes No If so, please indicate the language(s) _____

MCPS STUDENT TEACHER/INTERN ASSIGNMENT

MCPS School _____ Grade Level _____
 Assignment Elementary Secondary Specialty
 Subject _____ Start ____/____/____ End ____/____/____
 Indicate Specialty Art Counseling Media Music PE ESOL Speech Language Therapy OT PT Other
 MCPS Supervising Teacher _____ Employee ID Number _____
 MCPS Supervisory Teacher E-mail _____

Session Summer Fall Spring Calendar Year _____
 Length of Assignment 4 Weeks 6 Weeks 8 Weeks 10 Weeks 12 Weeks 16 Weeks 18 Weeks Other _____
 Hours per week _____ Days per week _____ Is this assignment: full-time part-time long-term sub

COLLEGE/UNIVERSITY INFORMATION—PLEASE TYPE.

College/University _____
 Higher Education Representative:
 Name _____ E-mail _____ Telephone ____-____-____
 Partnership Professional Development School Non-Partnership/Non-PDS
 If partnership, Name of Partnership _____

_____/____/____
 Signature, MCPS Principal Date Type Name Date
 _____/____/____
 Signature, MCPS Supervising Teacher Date Type Name Date
 _____/____/____
 Signature, Higher Education Representative Date