

# Clinical / Student Teaching Placement Form

(Submission of this form does not guarantee a placement)

Kimberly Scanlan | HR Teacher Leader Student Teacher Coordinator

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Submission Date: \_\_\_\_\_









## Student Teacher Information

U-46 District Employee (check if applicable): ☐

Horizon's 4U Participant (check if applicable): ☐

Observed in U-46 (check if applicant): ☐






If yes, when: \_\_\_\_\_

 University Name:	
 Student Name:	
 Student Date of Birth:	
 Address, City, State, Zip Code:	
 Phone Number:	
 Graduation Date:	
 Anticipated Licenses & Endorsements:	
 Student Email Address:	






## Student Teacher Coordinator Info

 Coordinator Name:	
 Phone Number:	
 Coordinator Email:	








## Clinical Info:








 Request Dates:	
 Classroom Type:	
 Clinical Type:	
 # of Hrs. (observations only):	
 Subject Level:	

## Clinical Info (additional placements only):

 Request Dates:	
 Classroom Type:	
 Clinical Type:	
 # of Hrs. (observations only):	
 Subject Level:	

## INTERNAL USE ONLY (Completed by U-46 Teacher Leader)

 School Name:	
 School Location:	
 School Phone #:	
 CoOp Teacher Name:	
 CoOp Teacher Email:	
 School Admin:	
 Approval Date:	

 School Name:	
 School Location:	
 School Phone #:	
 CoOp Teacher Name:	
 CoOp Teacher Email:	
 School Admin:	
 Approval Date:	