



Student Teaching Assignment Form

Fall Semester or Spring Semester (please circle or highlight): Year =

Dates of Placement:

Student Teacher Name:

e-mail address:

Phone Number:

Address:

School Placement:

Cooperating Teacher:

Grade Level:

Building Administrator:

College Affiliation:

College Supervisor Name:

Supervisor Phone Number:

Principal Signature _____

Cooperating Teacher Signature _____

Copy of completed form to be sent to Superintendent's Office 30 days prior to placement