



Student Teacher/Intern Assignment Verification

MONTGOMERY COUNTY PUBLIC SCHOOLS
45 W. Gude Drive, Suite 2300, Rockville, Maryland 20850
Phone: 301-315-7382 • Fax: 301-279-3813

FOR MONTGOMERY COUNTY PUBLIC SCHOOLS ONLY

Dates ____/____/____, ____/____/____

No. of Weeks ____

Estimated Pay ____ Teacher 1 ____ Teacher 2

____ OHRD Approved Not Approved

INSTRUCTIONS — THIS FORM IS INTERACTIVE AND CAN 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 the student teaching only. DO NOT INCLUDE OBSERVATION OR PRACTICUM DATES.** (Supervising teacher is not paid for these dates/this experience.)
2. Please complete one form for each student teacher/intern.
3. If the student has more than one assignment for the student teaching field experience, complete a form for each assignment.
4. **This form and all associated documents 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. Incomplete forms will be returned.
5. The Higher Education Representative may return or fax the forms to the Office of Human Resources & Development at the address/fax listed above.
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

College/University _____ E-mail Address _____

Current Mailing Address: Street _____ Telephone _____ - _____ - _____

City _____ State _____ ZIP Code _____

MCPS Employee Yes No MCPS ID # _____ Current MCPS Position _____

Gender: Male Female Ethnicity (select one): Hispanic Latino

Race (select at least one). More than one response can be selected.

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Fingerprinting and criminal background check must be completed before starting the assignment. Specific fingerprinting instructions are located at www.montgomeryschoolsmd.org/departments/personnel/studentteaching.

MCPS STUDENT TEACHER/INTERN ASSIGNMENT

MCPS School _____

Subject _____ Grade Level _____

Assignment _____ Start ____/____/____ End ____/____/____

MCPS Supervising Teacher _____

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 PRINT OR TYPE.

College/University _____

Higher Education Representative:

Name _____ E-mail _____

Partnership Professional Development School Non-Partnership/Non-PDS

If partnership, Name of Partnership _____ Content Area/Grade _____

_____/_____/_____
Signature, MCPS Principal Date Signature, MCPS Principal #2 (if applicable) Date

_____/_____/_____
Signature, MCPS Supervising Teacher Date Signature, MCPS Supervising Teacher #2 (if applicable) Date

_____/_____/_____
Signature, Higher Education Representative Telephone Date