



Sahuarita Unified School District No. 30

Sahuarita High School
Sahuarita Middle School
Sahuarita Primary School
Sahuarita Intermediate School

Anza Trail School
Sopori Elementary School
Walden Grove High School
Copper View Elementary School

STUDENT TEACHER/INTERN

Student Teacher's Name: _____ Phone: _____

(first) (last)

Home Address: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

This is to verify that I am aware and will uphold SUSD Policies and school rules. I agree to fulfill the requirements set forth for the student teaching experience from: _____ to _____ at _____.

(beginning) (end) (school)

Total number of (hours/days/weeks) needed for internship: _____
(Please circle one)

Signature: _____ Date: _____

INSTITUTION OF HIGHER EDUCATION

The above named student teacher has been officially enrolled in our student teaching program. Our institution promises to make the experience as meaningful and positive as possible. Total # of hours needed for internship: _____

Name of Higher Education Institution: _____

Signature of Placement Coordinator: _____ Phone : _____ E-Mail: _____

PRINCIPAL

This verifies that the above named student teacher will be placed with our cooperating teacher.

Signature: _____ Date: _____

COOPERATING TEACHER/MENTOR

This verifies the named student teacher will be placed in my classroom for the above stated duration in _____.

(Grade/Subject)

Signature: _____ Date: _____ SUSD Ext. #: _____

(Print)

(Signature)

Please return this form & a copy of your AZ DPS Fingerprint Clearance Card to the Administrative Services Office for processing and to obtain your school ID BEFORE your student teaching/intern experience begins.

Nicole Herbst, ASO Administrative Assistant, 625-3502 x1058

Initials Verifies Completion _____