

SAHUARITA UNIFIED SCHOOL DISTRICT

Student Teacher's Name:		Phone:		
(first)	(last)			
Emergency Contact Name:		Phone:		
This is to verify that I am aware and will uphold SUSE				
the student teaching experience from	to (end)	at(school)	·•
Total number of (hours/days/weeks) required for the (Please circle one)		(sensor)		
Signature:		Date:		
INSTITUTION OF HIGHER EDUCATION The above named student teacher has been officially make the experience as meaningful and positive as p	oossible. Total # of hours i	needed for internship:		
Name of Higher Education Institution & Name of Place	cement Coordinator:			
Signature of Placement Coordinator:	Phone: _	E-Mail: _		
PRINCIPAL This verifies that the above named student teacher v	vill be placed with our coop	perating teacher.		
Signature:		Date:		
<u>COOPERATING TEACHER/MENTOR</u> This verifies the named student teacher will be place Signature:	ed in my classroom for the a		(Grade/Subjec	t)
(Print)	(Signature)		03D EXt. #	
Please return this form & a copy of your AZ DP. processing and to obtain your school				e for
ID/PowerTeacher #:		Google Classroom:	Yes	No
ID Issued By/On:		HMH Social Studies:	Yes	No
Title in Power Teacher: Ms. Mrs.	Mr.	Discovery Science:	Yes	No
PowerTeacher - Attendance Only (TA Role): Yes	No	iReady Reading:	Yes	No
PowerTeacher - Full Gradebook (LTS Role): Yes	No	iReady Math:	Yes	No
SUSD Learns Email:		Beyond Textbooks:	Yes	No
Key Card Access Requested:				