

Student Teacher's Legal N				Ph	one:	
itudent Teacher's Legal Name:(first)  Home Address:			(last)			
mergency Contact Name	::			Phone	e:	
his is to verify that I am a	aware and will uphold	SUSD Policies	and school	rules. I agree to fulfill the rec	quirements	set forth f
otal number of (hours/d			at(scho	001)		
ignature:		Date:				
			- T	rance Card to the Adminis tudent teaching/intern ex		
	t teacher has been offi	•		ent teaching program. Our ir nours needed for internship:	-	
lame of Higher Education	n Institution & Name o	f Placement (	Coordinator:			
ignature of Placement Co	oordinator:		Ph	ione: E-Mail	l:	
ignature:(Print)		(Signature	)	Date:	SUSD Ext.	#:
Pleas				TEACHER/MENTOR on must have YES or NO mar	ked.)	
	-			st be YES to access to items		
**PowerTeacher - Atten	Yes	No	Clever:	Yes	No	
**PowerTeacher - Full G	Yes	No	HMH Social Studies:	Yes	No	
**PowerSchool Admin (	.): Yes	No	Beyond Textbooks:	Yes	No	
District Email:	Yes No					
Computer Credentials:	Yes No					
PRINCIPAL/DEPARTMENT						
his verifies that the abov		-		-		
Signature:				Date:		
PROCESSOR USE ONLY:	owerTeacher	#:	ID Issued by/	′on:		