

# Student Teacher/Practicum Information Form

School Year 2013-2014

\_\_\_\_\_  
In which school will you be Student Teaching?

By completing this form, you are providing information to the Tacoma School District, Human Resources Department and the Student Teacher Placement Coordinator for communication purposes. Please print clearly.

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_  
(Street) (Apartment)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Work)

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

College or University Attending: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Area of Endorsement: \_\_\_\_\_

Grade Level Preferred: \_\_\_\_\_

Mentor/Cooperating Teacher Name \_\_\_\_\_

Principal Name \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you interested in employment with the Tacoma School District? ☐ Yes ☐ No

Have you completed an online application? ☐ Yes ☐ No

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*Please email the completed form to [Interns@tacoma.k12.wa.us](mailto:Interns@tacoma.k12.wa.us)\*\*\*\*