

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****