Student Teacher Internship / New Teacher Program Practicum Procedures & Signature Page

| Student Teacher Name | Contact Information | Dates of Internship |
|--|---|---|
| Collage / Program Name | Field Supervisor | Contact Information |
| Emergency Contact Information | 1 | |
| Assigned LTS School Site | Assigned LTS Teacher | |
| □ One-Day Shadow | | |
| Front office has a Brief letter stating Long-Term Internship Visitor signs in an Visitor has a curre Front office has a Brief letter stating Interview with the A list of expectation A list of expectation Student Teacher is A letter from the S Specifications that | nt Finger Print Clearance Card or copy of the Finger Print Clearance the request to job shadow signed d displays a visitor label at all tim ent Finger Print Clearance Card copy of the Finger Print Clearance the request to job shadow signed Principal prior to approval ons for the Student Teacher provid ons for the LTS assigned Teacher s prohibited to be alone with any s Student Teacher's school/program t are required of the LTS Teacher Page received by the LTS Huma | e Card or Driver's License off by the Principal es e Card or Driver's License off by the Principal led by the Principal provide by the Principal tudent at any time for the long-term internship and site administration |
| Assigned LTS Teacher Signatur | re Date | |
| Site LTS Principal Signature | Date | |

Date

Date

Assistant LTS Superintendent Signature

LTS Human Resources Director Signature