

Paraprofessional/Long-term Substitute Petition

Office of Professional Experiences

SPECIAL NOTE: For your paraprofessional or long-term substitute position to count toward your placement, the classroom setting must meet your program requirements including grade and content area.

Directions: Complete this petition and scan/email to MLFTC-OPE@asu.edu.

Student Information

ASU ID #: _____ ASU Email: _____

First and Last Name: _____

Phone Number: _____ I will be a/an: Intern Resident (Student Teacher)

Select One: Undergraduate Graduate Semester: Fall Spring Year: _____

Program: *Select one.*

ECD: MAC (Graduate Early Childhood Ed.)

BLE/ESL: Elementary Ed./Bilingual Ed.

EED: Elementary Education

ECS: Early Childhood Special Education

SPE/EED: Dual Certification

EED STEM: Elementary Education STEM

SED: Secondary Education *Subject:* _____

Explanation of Request: Please complete the following for your current work position in a school.

District: _____ School Name: _____

School Address: _____ Grade Levels: _____

Lead (Mentor) Teacher Name: _____

Lead (Mentor) Teacher Email: _____

(Dual Placement Only- Complete the second Lead/Mentor Teacher Information)

2nd Lead/Mentor Teacher Name: _____

2nd Lead (Mentor) Teacher Email: _____

I am hired as an/a: (Select one.)

Paraprofessional/aid

Long-term substitute

Other: _____

Explain your position and how you will meet your placement requirements.

SIGNATURES REQUIRED:

Intern: I agree to communicate my course requirements to my supervisor.

Signature: _____ **Date:** _____

Lead/Mentor Teacher: I have read the requirements and agree to mentor the ASU student in this internship. I am a certified teacher with 3 years minimum teaching experience.

Signature: _____ **Date:** _____

(Dual Placement Only) 2nd Lead/Mentor Teacher: I have read the requirements and agree to mentor the ASU student in this internship. I am a certified teacher with 3 years minimum teaching experience.

Signature: _____ **Date:** _____

Principal: This meets my approval. I understand ASU requires a current Student Placement Agreement and I will be contacted if this is needed prior to ASU approval.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

SPA Expiration date (required): _____ Placement Coordinators Initials: _____

Signature: _____ **Date:** _____ **APPROVED** **DENIED**

Comments:

