



"Dedicated to Excellence"

Chandler Unified School District

Student Teacher and Intern Placement Request

Student Teacher/Intern Name: _____

Email Address: _____ Phone Number: _____

Name of University/Institution: ASU: Mary Lou Fulton Teachers College

Semester (circle one): Spring 2019 Fall 2019 Spring 2020

Start Date: _____ End Date: _____

Type of Placement: Student Teacher _____ Intern _____

Are you currently employed by Chandler Unified School District?

Yes _____ No _____

If yes, where and/or which department do you work?

In the past, have you ever been employed by Chandler Unified School District?

Yes _____ No _____

If yes, please provide the following information pertaining to your past employment with Chandler Unified School District:

Dates worked: From: _____ To: _____

Job Title: _____

School or District Department: _____

Reason for Leaving: _____

Are you related to anyone currently employed by Chandler Unified School District?

Are you related to any current students attending Chandler Unified School District?

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

Student Teacher/Intern Signature: _____ Date: _____

******Please submit this form with copies of your AZ IVP Fingerprint Clearance Card and photo ID to your college placement coordinator. Chandler Unified School District will not place students until all documents have been received. ******