

**AUBURN PUBLIC SCHOOLS
REQUEST FOR STUDENT TEACHING**

Applicant's Name: _____ Phone: _____

Address: _____

College/University: _____

Professor/Contact Name: _____ Phone: _____

Requested Student Teaching Experience: _____
(Grade Level/Discipline)

Start Date: _____ End Date: _____

List previous observation experiences that have prepared you for student teaching in this grade level/discipline:

List coursework that has prepared you for student teaching in this grade level/discipline:

List expectations of cooperating teacher, as provided by college/university:

I understand that all student teaching arrangements must be approved by the Principal, with written notification to the Superintendent, prior to any student teaching experiences commencing. As a student teacher in the Auburn Public Schools, you are expected to act and dress professionally at all times, working in collaboration with all district personnel in supporting students to achieve to their full potential. The privilege of student teaching in the Auburn Public Schools may be revoked at anytime without prior notice or cause.

Student Teacher's Signature

Date

Principal's Signature (indicates approval)

Cooperating Teacher's Signature