DORCHESTER SCHOOL DISTRICT TWO
STUDENT TEACHER INFORMATION

To be completed by Student Teaching/Practicum Candidate

STUDENT INFORMATION

Name: *Last:* _____ *First:* _____ *MI:* _____

Address: *Street:* _____

City: _____ *State:* _____ *Zip:* _____

DOB: (mm/dd/yy) _____

Phone: _____ **Email:** _____

College/University: _____

Additional Comments if needed: _____

PLACEMENT REQUESTED

Practicum

Requested Grade Level: ☐ **ECE** ☐ **Elem** ☐ **MS** ☐ **HS (Check all that apply)**

Requested Term: ☐ **Fall** ☐ **Spring** **Year** _____

Desired Dates: _____

Student Teaching

Requested Grade Level: ☐ **ECE** ☐ **Elem** ☐ **MS** ☐ **HS**

Requested Term: ☐ **Fall** ☐ **Spring** **Year** _____

Desired Dates: _____

Acknowledgment Statement (Required)

☐ YES I understand that this form is for information verification only and that my official placement request must be submitted by my college/university to Lara Hayes lhayes@dorchester2.k12.sc.us

_____
(Initial here)

UNIVERSITY PLACEMENT COORDINATOR/CONTACT INFORMATION

Name: _____

e-mail _____ **Phone:** _____

DISTRICT NOTES

_____

_____

APPROVED BY

_____ _____

DIRECTOR OF PERSONNEL **DATE**
(or designee)