

PARMA CITY SCHOOL DISTRICT
**FIELD EXPERIENCE / STUDENT TEACHER
SUPERVISION VERIFICATION FORM**
Approved Professional Development Units

Cooperating Teacher: _____ Building: _____

PART I. PLACEMENT INFORMATION

_____	OR	_____
Field Experience Student Name		Student Teacher Name

Area of Certification		

College or University		

_____	_____	
Beginning Date of Placement	Ending Date	
_____	_____	_____
Number of Hours Per Day	Number of Days Per Week	Number of Weeks

College / University Supervisor Signature		

PART II. STUDENT TEACHER COORDINATOR / PRINCIPAL VERIFICATION

_____	Student Teacher = 5 PDU's Per Week Practicum/Field Experience Student = 2 PDU's Per Week	

_____	_____	
Confirmation of Placement Date	Principal Signature	
OR		

Student Teacher Coordinator Signature		

This form will only be returned to you if your request has been denied.		

LPDC Use

Not Approved _____

Date Returned to Employee _____

LPDC CHAIRPERSON _____ DATE _____

Reason(s) for Denial _____
