

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**

No. of PDU's _____		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.

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**LPDC Use**

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Not Approved \_\_\_\_\_ Date Returned to Employee \_\_\_\_\_

LPDC CHAIRPERSON \_\_\_\_\_ DATE \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Reason(s) for Denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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