



Dorchester School District Two

Student Teacher Information

To be completed by the student teaching or practicum candidate.

Student information

Last name	First name	MI
Street address		
City	State	ZIP code
Date of birth (mm/dd/yy)	Phone	Email
College or university		
Additional comments (optional)		

Placement requested

Practicum

Practicum requested grade level (check all that apply)

☐ ECE ☐ Elem ☐ MS ☐ HS

Practicum requested term (check all that apply)

☐ Fall ☐ Spring

Practicum year

Practicum desired dates

Student teaching

Student teaching requested grade level (check all that apply)

☐ ECE ☐ Elem ☐ MS ☐ HS

Student teaching requested term (check all that apply)

☐ Fall ☐ Spring

Student teaching year

Student teaching desired dates

Grade level abbreviations: ECE is Early Childhood Education, Elem is Elementary, MS is Middle School, HS is High School.

Acknowledgment statement (required)

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

☐ Yes, I understand (required)

Initial here (required)

University placement coordinator contact information

Coordinator name

Coordinator email

Coordinator phone

District use only

The candidate does not complete this section. It is completed by Dorchester School District Two staff.

District notes

Approved by

Approval date

Director of Personnel
(or designee)