

Student Teacher/Intern Assignment Verification



MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of Human Resources and Development
45 W. Gude Drive, Suite 2100, Rockville, Maryland 20850
Phone: 301-315-7390

MCPS Form 440-12
April 2019

INSTRUCTIONS— This form is interactive and must be completed electronically.

1. Student teaching is considered the final field experience before entering the teaching profession. This form is to be completed for student teaching only. **This form is not for observation or practicum experiences.**
2. Please complete one form for each assignment.
3. Requests for student teacher internships must be received by **June 1** for Fall semester internship, **October 1** for Spring semester internship, and **April 1** for Summer semester internship.
4. This form and all associated documents including the fingerprint background review, Child Protective Services (CPS) review, and annual districtwide compliance training requirements, must be received prior to the start date of the internship.
5. The Higher Education Representative should scan and e-mail the completed and signed form to StudentTeacherIntern@mcpsmd.org
6. Higher Education representative will be notified of approval/denial of the internship assignment. **Assignments cannot begin before the verification of the required fingerprint background review, CPS review, and annual districtwide compliance training requirements.**

STUDENT INFORMATION

Name of Student Teacher/Intern _____ Graduation Date (mo./yr.) ___/___/___

Current Address _____

E-mail Address _____ Telephone ___-___-___

MCPS Employee Yes No MCPS ID # _____ Current MCPS Position _____

Gender Male Female Ethnicity Hispanic or Latino Not Hispanic or Latino

Race (Optional). *More than one response can be selected.*

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Two or more

Are you fluent in any language(s) other than English? Yes No If so, please indicate the language(s) _____

MCPS STUDENT TEACHER/INTERN ASSIGNMENT

MCPS School _____ Grade Level _____

Assignment Elementary Secondary Specialty

Subject _____ Start ___/___/___ End ___/___/___

Indicate Specialty Art Counseling Media Music PE ESOL Speech Language Therapy OT PT Other

MCPS Supervising Teacher _____ Employee ID Number _____

MCPS Supervisory Teacher E-mail _____

Session Summer Fall Spring Calendar Year _____

Length of Assignment 4 Weeks 6 Weeks 8 Weeks 10 Weeks 12 Weeks 16 Weeks 18 Weeks Other _____

Hours per day _____ Days per week _____ Is this assignment: full-time part-time long-term sub

COLLEGE/UNIVERSITY INFORMATION—PLEASE TYPE

College/University _____

Higher Education Representative:

Name _____ E-mail _____ Telephone ___-___-___

Partnership Professional Development School Non-Partnership/Non-PDS

If partnership, Name of Partnership _____

SIGNATURES

Signature, MCPS Principal _____ Print Name _____ Date ___/___/___

Signature, MCPS Supervising Teacher _____ Print Name _____ Date ___/___/___

Signature, Higher Education Representative _____ Date ___/___/___