

STUDENT TEACHER PLACEMENT INFORMATION

For University Supervisor

Please complete this form and hand in to your University Supervisor at the first Student Teacher Seminar.

Name _____

Address _____

Email _____

Cell Phone _____ **Home Phone** _____

Name of Your Placement School District _____

Name of School where you are student teaching _____

Address _____

Phone _____

Location of the main entrance or door that should be used _____

Directions to the School from Benedictine University (include mileage and directional landmarks, such as names of stores at key street corners; large signs, significant sites; etc.)

Name of Cooperating Teacher(s) _____

Phone number of Cooperating Teacher(s) _____

Email address(s) _____

Grade level(s) _____ **Subject(s)** _____

Dates of student teaching at this location

First Day: _____ **Last Day:** _____

Name of Discipline/Subject Supervisor (if applicable) _____

Phone and Email address of Supervisor _____