

Site Supervisor Designation Form for School Employees

Western Carolina University Teacher Education Program

Student Name	Banner ID (92#)
School	
Position during Internship/Student Teaching	
Semester(s)	
Area(s) Seeking License	
Internship Course(s)	
Supervisor's Name	
Supervisor's Title	
Supervisor's e-mail	
Grade(s)	Subject(s)
Best Contact Phone	Best time to call

Principal's Approval – All students:

I give my consent for the above student to complete his/her internship in the classroom in which s/he is employed in accordance to the requirements outlined in the student's program Internship/Student Teaching Handbook.

I also certify that the student has a clear health record and background check on file with the school and/or school system personnel office as required by North Carolina for school employees.

Principal's Signature

Date

Cooperating Teacher Approval – Teaching Licensure Students Only:

I give my consent for the above student to complete his/her internship in the classroom in which s/he is employed. I agree to allow the student to assume the responsibilities of a full-time teacher as outlined in the Internship/Student teaching handbook for the student's program.

Cooperating Teacher's Signature

Date

Student Approval:

I wish to complete my Internship/Student Teaching in the classroom where I am employed. I have completed the following:

- Contacted my personnel office for details about pay and benefits during this experience.
- Submitted Application for Internship/Student Teaching to the Office of Field Experiences.
- Activated and regularly check my catamount e-mail address.

Student's Signature

Date

Return form to: Office of Field Experiences and Licensure

Western Carolina University • Killian 228 • Cullowhee, North Carolina 28723 • voice 828- 227-7314 • fax 828- 227-7610

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