

WELLESLEY PUBLIC SCHOOLS

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WELLESLEY PUBLIC SCHOOLS

Application for Student Teachers Interns or Practicums

Email: _____

Name: _____

City: _____

State: _____ Zip Code: _____

Undergraduate Graduate

University Affiliation: _____

University Supervisor: _____ Phone: _____

Placement: Student Teacher 1st Semester 2nd Semester Full Year Intern 1st Semester 2nd Semester Full Year

Requested Location: _____

Requested Dates: _____

CORI Application

Fingerprints

Confidentiality Agreement

Cooperating Wellesley Teacher / Educator: _____

Grade / Discipline: _____

I agree to serve as a cooperating practitioner for the above applicant.

I recommend the above request be: Approved Disapproved I recommend that _____

Date: _____

Department Head / K-12 Director Signature: _____

Principal's Signature: _____

Date: _____

4) In the event an intern or student teacher is undertaking work which would require a

license, Adult Protection is the authority responsible for the appropriate

practices sanctioned by the

are not authorized to use physical restraints of students.

9) Interns and student-teach

departments and activities in order to be eligible for public schools.

11) All reports reviewed by the State Department of Education shall be sent to the State Department of Education.

12) The teacher's

responsibilities shall be as follows: to provide a safe and secure environment for the students and to provide a safe and secure environment for the students.

13) Interns and student-teachers will be required to follow the Acceptable Use Policy

14) Student interns will be given

established by the school d

15) The

16) The cooperating teacher or educational professional will forward any vouchers received

the college or university to the Assistant Superintendent of Teaching and Learning.

17) The following information shall be provided to the cooperating teacher or educational professional:

18) The

Student Intern / Student Teacher

Date

Professional _____
Date _____

Cooperating Teacher / Educational Professional _____
Date _____

