



**HARFORD COUNTY PUBLIC SCHOOLS**  
**PROFESSIONAL DEVELOPMENT OFFICE**  
253 Paradise Road ♦ Aberdeen, Maryland 21001  
410.273.5621 ~ FAX: 410.273.5592

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**STUDENT TEACHER INFORMATION SHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Major: \_\_\_\_\_

CHECK CERTIFICATION AREA(S)

- Art                                       Early Childhood                                       Elementary  
 Media                                       Music                                       Physical Education  
 School Counseling  
 Secondary/High School - Subject: \_\_\_\_\_  
 Secondary/Middle School - Subject: \_\_\_\_\_  
 Special Education - Grade/Age: \_\_\_\_\_  
 Speech-Language Pathology  
 Other - *specify*: \_\_\_\_\_

FIRST STUDENT TEACHER ASSIGNMENT

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
School Name: \_\_\_\_\_ County: \_\_\_\_\_  
Subject/Grade: \_\_\_\_\_ Mentor Teacher: \_\_\_\_\_

SECOND STUDENT TEACHER ASSIGNMENT

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
School Name: \_\_\_\_\_ County: \_\_\_\_\_  
Subject/Grade: \_\_\_\_\_ Mentor Teacher: \_\_\_\_\_

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Anticipated Date of Graduation: \_\_\_\_\_

Are you interested in long-term substitute positions? \_\_\_\_\_

PRAXIS I                                      Date: \_\_\_\_\_                                      Passed - *Yes/No*: \_\_\_\_\_  
PRAXIS II - Content                                      Date: \_\_\_\_\_                                      Passed - *Yes/No*: \_\_\_\_\_  
PRAXIS II - Pedagogy                                      Date: \_\_\_\_\_                                      Passed - *Yes/No*: \_\_\_\_\_