

Human Resources Office, Recruitment and Staffing
Office: 410-588-5238

STUDENT INTERN INFORMATION

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 Speech-Language Pathology
 Secondary/High School - Subject: _____
 Secondary/Middle School - Subject: _____
 Special Education - Grade/Age: _____

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: _____

Anticipated Date of Graduation: _____

Are you interested in long-term substitute positions? Yes No

PRAXIS I Date: _____ Passed: Yes No
 PRAXIS II - Content Date: _____ Passed: Yes No
 PRAXIS II - Pedagogy Date: _____ Passed: Yes No

After reviewing the PowerPoint presentation, please complete and return this form to the Office of Professional Development via email or fax to 410-588-5370