

Notice of Student Teaching Cancellation

Student Name: _____ IRN: _____

Semester/Year: _____

Placement Information

District: _____

School: _____

Start Date: _____

Reason for Cancellation: _____

Please acknowledge the following:

- I understand that cancelling a student teaching placement within two weeks of the scheduled start date will result in a Supplemental Standards Referral.
- I understand that if cancellation occurs on the first day, or I do not show on the first day of student teaching, in addition to a Supplemental Standards Referral, the placement will be considered the first student teaching experience.
- I understand that once this form is submitted I am no longer eligible to student teach within this semester.
- I understand that as a result of this cancellation, this district might not allow a future student teaching placement for me.
- I understand that the cancellation of my placement is not official until this form is received by my Education Program Specialist.

If applicable, indicate when you will re-apply for student teaching (semester/year):

Student Signature:

Date: