



Own Classroom Approval Form

Student Teaching Site Information

Please print very clearly or type.

Student Name: _____ Grade Level: _____

Name of School: _____ Semester: _____ Year: _____

Address of School: _____

City, State, Zip: _____

Principal's Name: _____ Principal Email: _____

School Phone Number: _____ Student's Content Area: _____

Cooperating Teacher Information

Please print very clearly or type.

Name: _____

Title: _____ Highest Degree Earned: _____

Email Address: _____ Work Phone: _____

Alternate Phone: _____

Certification: Content: _____ Expiration: _____

Work History (or attach resume):

Dates	School	City/State	Position

Cooperating Teacher Signature: _____ Date: _____

District Approval

Please print very clearly or type.

Name: _____ Title: _____

Email: _____ Phone: _____

Approved by District: YES _____ NO _____

District Signature: _____ Date: _____

I, the student teacher, acknowledge that the above information is accurate and I am the lead contracted teacher in my own classroom.

Student Signature: _____ Date: _____