

## 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: \_\_\_\_\_