

## Anne Arundel County Public Schools Placement Application for Pre-service Interns in Teacher Education Programs

College Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions: Applicant completes Part I. College/University Completes Part II and submits to School System. School System completes Part III and returns copies to College/University, Mentor Teacher, and Principal.**

<b>Part I: STUDENT INFORMATION:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Certification Only	
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Birthdate (xx/xx/xxxx): _____
Email Address: _____	
Current Address: _____	
Telephone Number: Home Mobile	
Course pertaining to your experience: _____	
Number of Days per Week: _____	
Number of Hours per Day: _____	
Total Number of Hours/ Days: _____	
Type of Placement: <input type="checkbox"/> Observation Only <input type="checkbox"/> Field Experience/Jr. Intern <input type="checkbox"/> Part-time Student Teaching <input type="checkbox"/> Full-time Student Teaching	
Anticipated Graduation Date: _____	
Name of Instructor/Advisor: Email Address: Telephone Number:	College Major and Certification
Level Preference: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High	
Geographic Area Preferences (Do not list specific schools.) 1. _____ 2. _____ 3. _____ PDS Site? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transportation: <input type="checkbox"/> Own Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Carpool Emergency Contact Information: Name: _____ Relationship: _____ Telephone Number: _____

Do you have children or other relatives enrolled in or working for Anne Arundel County Public Schools?  
 If so, in which schools?  
 What is their relationship to you?

**Part II: TO BE COMPLETED BY COLLEGE/UNIVERSITY**

Recommendations for placement if any (Title I School, specific grade, specific population, etc.)	Stipend Amount to be paid to Mentor: _____
Beginning Date: _____	Ending Date: _____

**Part III: TO BE COMPLETED BY LOCAL SCHOOL SYSTEM**

School Assignment	Mentor Teacher/On-site Supervisor: _____
Grade/Subject	Principal/Director
Coordinator Signature	
School Address/Phone Number	Date

Any additional information you wish to add:

**Note: Interns should contact their mentor teacher prior to their start date to confirm arrangements. If you will be late or absent, please call the school office.**