City School District of Albany
Office of Curriculum and Instruction

Request for Student Teacher

Directions for Form Completion:
Please complete and submit this application to your building principal and/or director/supervisor for approval
Principals/Directors/Supervisors, please submit this form to Karen Bechdol via interoffice mail within announced 30-day window (see timeline)

Section I: Request Type

Request for:

- ☐ **Student Teacher**
- ☐ **Social Worker Intern**
- ☐ **School Counselor Intern**
- ☐ **Psychologist Intern**
- ☐ **Speech Therapist Intern**

Placements for students who need observation hours only:

☐ **I am willing to host pre-practice student teachers for observation hours**

Section II: Employee Information

Teacher Name: _____ **School(s):** _____

Subject(s): _____ **Grade level(s):** _____

Certification Area(s): _____ **Tenure Year:** _____

Have you previously worked with student teachers? YES ☐ NO ☐ **If yes, when?** _____

Section IV: Approval

_____
Principal Signature

_____
Director/Supervisor Signature

Updated 2/27/18