

## Application for a Student Teaching Internship

Please complete this form and return to the designated placement coordinator's mailbox as soon as possible. Please print clearly in ink.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_@massart.edu

At what level do you wish to be licensed? Pre-K - 8 \_\_\_\_\_ 5-12 \_\_\_\_\_

What location do you prefer for your student teaching internship? (i.e., urban, suburban, other?)

Within the areas designated in the handbook, list specific cities and towns that you have in mind. List 3-4.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you observed any teachers with whom you would like to intern? If so, please list.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What philosophies, major courses of study and interests do you have that would assist in making an appropriate and compatible match with a supervising practitioner?

Where did you attend elementary and secondary school?

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High \_\_\_\_\_

Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you passed the MTEL? Literacy Reading \_\_\_\_\_ Writing \_\_\_\_\_ Visual Arts \_\_\_\_\_

Date/s \_\_\_\_\_