

## SUPERVISING PRACTITIONER AGREEMENT

Date Signed \_\_\_\_\_ Date of Placement \_\_\_\_\_

I agree to serve as a Supervising Practitioner for \_\_\_\_\_  
(Student Teaching Intern)

Your Name \_\_\_\_\_

Your Title \_\_\_\_\_

Massachusetts License Number \_\_\_\_\_

Subject(s) Licensed \_\_\_\_\_

Date License Last Renewed \_\_\_\_\_

School Name \_\_\_\_\_

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

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

School Phone with Extension or best number to reach you during school day \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

I prefer my tuition voucher sent to School \_\_\_\_\_ Home \_\_\_\_\_

District Art Director's Name \_\_\_\_\_

District Art Director's Street Address \_\_\_\_\_

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

\_\_\_\_\_  
(Supervising Practitioner's Signature)

**Please return this form immediately to:**

**Deborah Simmerman**  
**Art Education Department**  
**Massachusetts College of Art and Design**  
**621 Huntington Avenue**  
**Boston, MA 02115**  
**Email: [Deborah.Simmerman@massart.edu](mailto:Deborah.Simmerman@massart.edu)**