



STUDENT TEACHER APPLICATION

One Larkin Center
Yonkers, New York 10701

Tel. 914 376-8075
Fax 914 376-8589

FULL SEMESTER

Dear Applicant:

Thank you for selecting the Yonkers Public Schools as your choice to do your student teaching. Please fill out Section 1 of the form below and have it signed by your college / university official. Attach to this form, on official school letterhead with your supervisor's request for you to do your student teaching in the Yonkers Public Schools, indicating beginning dates and completion dates, also number of hours per day. Upon completion, please return both the letter and this form to the Personnel Office.

SECTION I

Name: _____ Tel. No. _____
Address: _____
Street City State Zip Code
College: _____ Tel. No. _____
Address: _____
Street City State Zip Code
Supervisor in Charge of Student Training: _____
School Preferred: _____ Subject / Grade: _____
Beginning Date: _____ Completion Date: _____
Day(s) of Week: _____ Hours Per Day: _____
Signature of College / University Official: _____

If video-taping is required for my licensing with the New York State Education Department, it will solely be used for that purpose and not posted on any social media site. Student's signature: _____

SECTION II

PLEASE DO NOT WRITE IN THIS SPACE Begin: ___/___/___ End: ___/___/___
Assigned to: School: _____ Cooperating Teacher: _____
Address: _____
Street City State Zip Code
APPROVED: _____ Date: _____
Director, Personnel/Human Resources

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College / University

SECTION III

TO BE COMPLETED AND RETURNED TO THE PERSONNEL DEPARTMENT AFTER STUDENT TEACHING IS COMPLETED FOR FULL SEMESTER FOR ACCRUING OF TWO IN-SERVICE CREDITS BY COOPERATING TEACHER.

Student's Signature: _____ Date: _____
Cooperating Teacher's Signature: _____ Date: _____
Principal's Signature: _____ Date: _____
Director, Personnel/Human Resources: _____ Date: _____

cc: Personnel, Principal, Cooperating Teacher, Student Teacher, College / University