



STUDENT TEACHER APPLICATION

One Larkin Center
Yonkers, New York 10701

Tel. 914 376-8075
Fax 914 376-8589

PART-TIME / PARTIAL 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

TO BE COMPLETED AND RETURNED TO THE PERSONNEL DEPARTMENT AFTER STUDENT TEACHING IS COMPLETED FOR PART OF A SEMESTER FOR ACCRUING OF ONE IN-SERVICE CREDIT BY COOPERATING TEACHER.

SECTION III

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