

Letter of Intent to Student Teach

I, (S	tudent Name)		(Student ID)		
requ	uest that my signature at the	bottom of this form in	ndicate my intent	to student teach in the	
(circ	cle one) FALL / SPRING				
Stuc	year dent Email:	year @cou	gars.cccis.edu Pł	one:	
	ling Address:				
	PO/Street/A		City	State	Zip
	preparing to be certified in:				
		Music K-12	_		
	Special Educ. K-12				
	iddle or secondary, please in				
	ld history, American history,				
I ha	ve the following special need	s/requests:			
If po	ossible I would like to request	one of the following	placements listed	in order of preference:	
-	1st choice – School:	=	=	·	
Rea	son for choice:				
	2nd choice – School:				
Rea	son for choice:				
	ou would like to request to se				
, -					
l un	derstand that my completed	Student Teaching App	olication packet m	ust be submitted in its ent	rirety to the
Edu	cation Program office at my o	campus no later than	September 15 th fo	r a Spring semester placer	nent or
	uary 15 th for a Fall semester p				
	mpted by the Sept 15/Jan 15				
l un	derstand that failure to meet	this deadline could re	esult in not securin	g my desired placement l	ocation or
post	tponing student teaching unt	il the following semes	ter.		
	Student Signa	ture		Date	
Add	itional information requested:				
1)	When do you plan to take EDU	JC 400?	(Must be	prior to student teaching)	
2) Please list EDUC classes you still need to take prior to student teaching:					
3)	Are you employed by a school (para, instructional aide, other)? If so, for how long?				
	(Contact the Clinical Director a	it the main campus abo	out student teachin	g options that may be	
	available to you as a para/inst	ructional aide.)			