

# VERIFICATION OF PLACEMENT

Semester \_\_\_\_\_ Year \_\_\_\_\_

*Instructions:* Complete this form and mail to your university supervisor, Department of Agricultural Leadership, Education, and Communication, 110 Four Towers, University of Georgia, Athens, GA 30602, no later than the first week of student teaching.

Name of Student Teacher: \_\_\_\_\_

Address during Internship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*(Note: List the teacher's name as it should appear on official documents. If more than one cooperating teacher, list the one who has the greatest supervisory role.)*

Cooperating Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Coop. Teacher Home Phone #: \_\_\_\_\_

Coop. Teacher Email: \_\_\_\_\_

## DAILY SCHEDULE

Period No.	Time of Class	Course Title	Grade Level	Starting Date	Ending Date

Dates that you will not be in class (i.e., Spring Break, holidays, fair dates, CDEs, testing dates, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Directions to School: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_