

Internship in Digital Learning Placement Confirmation

Please return this completed form to your advisor at Plymouth State University,
Plymouth, NH 03264 Phone: (603)-254-3866 Email: pcharland@plymouth.edu

Intern Information:

Name:

Email:

Area of Certification: **Digital Learning Specialist**

Other Email:

Semester of Internship:

My signature indicates I am aware of my responsibility for contacting the SAU office to facilitate my criminal record check and fingerprinting.

Intern Signature:

Date:

Intern's School Information:

School at which you will be completing 120 hours of your practicum

Name of School:

School Address:

SAU/District:

Mentor Teacher Information:

Name:

Email:

My signature indicates that I agree to fulfill the roles & responsibilities of the mentor teacher as outlined in the handbook.

Mentor Teacher Signature:

Date:

Principal or Designee Information:

Name:

Email:

My signature indicates my approval that the mentor teacher, stated above, has permission to host a practicum candidate and has a minimum of three years teaching experience. It also verifies that this school is approved by the state Department of Education.

Principal or Designee Signature:

Date:

Signatures of all parties indicate a willingness to meet the conditions outlined in the handbook for the placement indicated above.

The student should return this form to the advisor for authorization as soon as possible.

Coordinator of Internship:

Date: