Student Teacher/Intern Assignment Verification

MCPS
CLEAR FORM

MONTGOMERY COUNTY PUBLIC SCHOOLS
Office of Human Resources and Development
45 W. Gude Drive, Suite 2100, Rockville, Maryland 20850
Phone: 301-315-7390

MCPS Form 440-12
February 2025

INSTRUCTIONS— This form is interactive and must be completed electronically.

1. Student teaching is considered the final field experience before entering the teaching profession. This form is to be completed for student teaching only. **This form is not for observation or practicum experiences.**
2. Please complete one form for each assignment.
3. Requests for student teacher internships must be received by **June 1** for Fall semester internship, **October 1** for Spring semester internship, and **April 1** for Summer semester internship.
4. This form and all associated documents including the fingerprint background review, Child Protective Services (CPS) review, and annual districtwide compliance training requirements, must be received prior to the start date of the internship.
5. The Higher Education Representative should scan and e-mail the completed and signed form to MCPS Instructional Specialist for Higher Education Partnerships.
6. College/University representative will be notified of approval/denial of the internship assignment. **Assignments cannot begin before the verification of the required fingerprint background review, CPS review, and annual districtwide compliance training requirements.**

STUDENT INFORMATION

Name of Student Teacher/Intern _____ Graduation Date (mo./yr.)____/____

Current Address _____

Email Address _____ Telephone _____-_____-_____

MCPS Employee ❑ Yes ❑ No MCPS ID #_____ Current MCPS Position_____

Gender (Optional) ☐ Male ☐ Female ☐ X (unspecified/non-binary) Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Optional). *More than one response can be selected.*

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or more

Are you fluent in any language(s) other than English? ❑ Yes ❑ No If so, please indicate the language(s) _____

MCPS STUDENT TEACHER/INTERN ASSIGNMENT

MCPS School -- Choose One -- Grade Level_____

Assignment ❑ Elementary ❑ Secondary ❑ Specialty

Subject _____ Start ____/____/_____ End ____/____/_____

Indicate Specialty ❑ Art ❑ Counseling ❑ Media ❑ Music ❑ PE ❑ ESOL ❑ Speech Language Therapy ❑ OT ❑ PT ❑ Other

MCPS Supervising Teacher _____Employee ID Number _____

MCPS Supervisory Teacher E-mail _____

Session ❑ Summer ❑ Fall ❑ Spring Calendar Year____

Length of Assignment ❑ 4 Weeks ❑ 6 Weeks ❑ 8 Weeks ❑ 10 Weeks ❑ 12 Weeks ❑ 16 Weeks ❑ 18 Weeks Other _____

Hours per day_____ Days per week_____ Is this assignment: ❑ full-time ❑ part-time ❑ long-term sub

COLLEGE/UNIVERSITY INFORMATION—PLEASE TYPE

College/University _____

College/University Representative:

Name _____ Email_____Telephone _____-_____-_____

❑ Partnership ❑ Professional Development School ❑ Non-Partnership/Non-PDS

If partnership, Name of Partnership _____

SIGNATURES

Signature, MCPS Principal_____ Print Name_____Date ____/____/_____

Signature, MCPS Supervising Teacher _____ Print Name_____Date ____/____/_____

Signature, College/University Representative _____ Date ____/____/_____