

PARMA CITY SCHOOL DISTRICT
**FIELD EXPERIENCE / STUDENT TEACHER
SUPERVISION VERIFICATION FORM**
Approved Professional Development Units

Cooperating Teacher: _____ Building: _____

PART I. PLACEMENT INFORMATION

_____		OR	_____	
Field Experience Student Name			Student Teacher Name	

Area of Certification				

College or University				

_____			_____	
Beginning Date of Placement			Ending Date	

_____		_____		_____
Number of Hours Per Day		Number of Days Per Week		Number of Weeks

College / University Supervisor Signature				

PART II. STUDENT TEACHER COORDINATOR / PRINCIPAL VERIFICATION

No. of PDU's _____	Student Teacher = 5 PDU's Per Week Practicum/Field Experience Student = 2 PDU's Per Week

Confirmation of Placement Date	Principal Signature
OR	

Student Teacher Coordinator Signature	

This form will only be returned to you if your request has been denied.

LPDC Use

Not Approved _____

Date Returned to Employee _____

LPDC CHAIRPERSON _____ DATE _____

_____	_____
_____	_____
_____	_____
_____	_____

Reason(s) for Denial _____
