**SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP**

Student Teaching/Observation Request

Procedure:

***Requests must be approved by the office of the Assistant Superintendent at least two weeks in advance of the dates requested.***

**Name:**

**Contact Information: Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College/University:**

**Date(s) Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Grade Level:**

**Content Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a previous STHS Graduate? Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, what year?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach the following:**

**□** Student Teaching Requests

* Copy of current transcripts

**□** Letter from College or University

**□**  Clearances:

* Child Abuse
* FBI
* PA State Police

**□** Medical Requirements

* TB Test

**Please Note\* *Parents/Guardians of current SDST students can not complete student teaching or classroom observations in the district.***

**ALL REQUESTS ARE TO BE SUBMITTED TO THE ASSISTANT SUPERINTENDENT**

**APPROVED** **NOT APPROVED**

**Comment:**