

# Verification of Supervision of Student Teacher or Intern

See instructions on back of this form

## Section I.

Educator's Name	
Street Address	
City/State/Zip	Date

## Section II.

Name of Student Teacher/Intern: \_\_\_\_\_

Name of College or University sponsoring student teacher:  
\_\_\_\_\_ Colorado State University – Pueblo \_\_\_\_\_

Inclusive dates of student teaching: From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Educator requesting credit \_\_\_\_\_ Date: \_\_\_\_\_

## Section III. Verification of Renewal Credit: this section is to be completed by the designated officials of the college or university and the cooperating school district.

This is to verify that the certified/licensed individual named herein has successfully supervised \_\_\_\_\_ field experience student (s) and is recommended for \_\_\_\_\_ semester hour (s).

### Signature of Dean of Education or Director of Field Experience/Student Teaching from sponsoring college or university:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of College or University: Colorado State University – Pueblo

### Signature of the principal or designated school district official responsible for the placement of student teachers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School district name and mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Information and Instructions**

Upon completion of a supervision experience, complete sections I and II of this form and obtain the appropriate signatures in section III. Forward this completed form to the Colorado Department of Education for verification of credit when you apply for renewal. This form is to be mailed with your teacher renewal application.