

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

Signature: _____ Date: _____

School district name and mailing address: _____

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

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.