



Dracut Public Schools

STUDENT TEACHER/INTERN PERMISSION FORM

Office of Curriculum, Instruction and Assessment

The Dracut Public Schools will seek to provide an optimal learning assignment within one of our schools for all student teaching/interns once approval has been given by the Office of Curriculum and the Building Principal has identified and approved of a specific assignment. Any and all information learned about students and staff will remain confidential. Any abuse of this expectation will result in immediate termination of student/intern assignment.

Please provide a letter of interest indicating the purpose and objective of the assignment. Please also provide a letter of reference from the University/College confirming the objective of the student/intern assignment.

Applicant Information

Last Name _____ First Name _____

Street Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Phone _____ Email _____

Assignment Preferences

Grade/Subject area _____ School _____

Purpose _____

Start Date _____ End Date _____

University/College Information

Name of Contact liason _____ Phone _____

Name of University/College _____ Year of graduation _____

Major _____

FOR OFFICE USE ONLY

OFFICE USE ONLY:

Approval and Assignment by Principal

Teacher assigned to _____ Subject _____ Grade _____

Hours per week _____ Start date _____ End Date _____

Principal Signature _____ Date _____

Director of Curriculum, Instruction and Assessment

Applicant Name _____

Cori approval date _____ Letter of Reference received _____ Date _____

Letter of Interest received _____ Date _____

Director's Signature _____ Date _____

Approval of Superintendent

Superintendent Signature _____ Date _____