

**SCHENECTADY CITY SCHOOL DISTRICT**  
**Schenectady, New York**

**REQUEST FOR:**

**STUDENT TEACHER \_\_\_\_\_**  
**SOCIAL WORKER INTERN \_\_\_\_\_**  
**SCHOOL COUNSELOR INTERN \_\_\_\_\_**  
**PSYCHOLOGIST INTERN \_\_\_\_\_**  
**SPEECH THERAPIST INTERN \_\_\_\_\_**

Section 7.8.1 of the Schenectady Federation of Teachers Contract requires that staff members who want to be cooperating teachers are to make the request in writing. It also states that student teacher supervisors must have at least provisional certification and that the teacher may not have more than one student teacher per school year unless there is an instance in which no other teacher wants to have a student teacher.

This form should be used to make your request in writing. **Please give to your building principal/coordinator.**  
**(No requests will be honored without the signature of immediate supervisor(s).)**

**Signed forms should be sent to Mariann Bellai at Howe Early Childhood Center/Professional Development Center, allowing college requests to be finalized.**

\_\_\_\_\_

\_\_\_\_\_  
Teacher School

Grade level(s) you expect to teach? \_\_\_\_\_

Subject(s) you expect to teach? \_\_\_\_\_  
**(For secondary and special area staff only)**

Have you previously worked with student teachers? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the last year you worked with a student teacher? \_\_\_\_\_

Please indicate area of certification: \_\_\_\_\_

What year did you receive tenure? \_\_\_\_\_

Check one or more of the following to indicate your preference as to time of placement:

First Semester \_\_\_\_\_ Second Semester \_\_\_\_\_

Requesting Professional development hours \_\_\_\_\_ If yes, how many hours requested? \_\_\_\_\_

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Coordinator (if applicable)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

**\*\*Must have BOTH principal and coordinator signatures if applicable\*\***