KEENE STATE COLLEGE
TEACHER EDUCATION OFFICE
229 Main St. Keene, NH 03435-2900 (Tel: 603-358-2286) (Fax: 603-358-2399)

STUDENT TEACHING PLACEMENT & PAYMENT AGREEMENT FORM

I. STUDENT TEACHER:

Name: _____ Student ID#: _____
(Print)

Certification Major(s): _____ Placement Grade/Level: _____ Subject(s): _____

Semester:
Fall (Yr.): _____ Qtr: 1st ( ) 2nd ( ) Summer (Yr.): _____ 5th ( )
Spring (Yr.): _____ Qtr: 3rd ( ) 4th ( )

*If changes have been made to your placement that require you to submit a new or different agreement form, please indicate that this is a change to your original placement: Yes Placement Change ( ) No Changes ( )

II. **A** COOPERATING TEACHER: Please complete sections II.**A** and II.**B** of this form and return it to Keene State College. Completion of the form signifies formal acceptance of this student teaching placement.

Name: _____ SS#: _____
(Print)

Signature: _____ Date: _____
(Signature)

Home Address:
Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Current Certification Area(s): _____ Certification Date: _____

Approx/Average Class Size:

II. **B Please select a Tuition Voucher or Honorarium to be issued to you upon receipt of the Final Evaluation Form.**

ACKNOWLEDGEMENT SELECTION:

KSC Voucher (2 1-credit vouchers)/Per Quarter ( ) **- or -** **$150 Honorarium/Per Quarter (**)

NOTE: If more than one teacher is involved, the acknowledgement is shared but separate agreement forms are required.

V. TEACHER EDUCATION OFFICE: This form must be received and signed by the Field Experience Coordinator prior to the official start of the student teaching semester.

_____ _____
Clinical Field Experience Coordinator Date

Submitted: Summative Evaluation _____ Dispositions _____ Narrative _____ Acknowledgement _____