

**KEENE STATE COLLEGE  
TEACHER EDUCATION & GRADUATE STUDIES OFFICE  
KEENE, NH 03435-2900**

**SITE SUPERVISOR AGREEMENT FORM**

**I. SITE SUPERVISOR:**

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_  
(Print)

Home Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Certification Area(s) \_\_\_\_\_

School \_\_\_\_\_ Semesters of Supervision: \_\_\_\_\_

Years of Teaching: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

Is this your first time serving as a Site Supervisor with Keene State College? Yes No

**II. SUPERVISION OF STUDENT TEACHER(S): Fall\_\_\_\_\_ Spring\_\_\_\_\_ Year\_\_\_\_\_**

Please indicate each student teacher and cooperating teacher in each placement you are supervising. If you are sharing supervision at your school, please enter only the information that pertains to you. This information is regarding supervising only, information regarding cooperating teaching is documented on the Student Teaching Placement Agreement Form.

<u>Students</u>	<u>Cooperating Teachers</u>	<u>Quarters</u>
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)
_____	_____	1 2 3 4 (5)

\_\_\_\_\_  
Site Supervisor \_\_\_\_\_  
Date

**III. TEACHER EDUCATION OFFICE:**

\_\_\_\_\_  
KSC Placement Coordinator \_\_\_\_\_  
Date

<b>For Office Use Only:</b> Final Eval Submitted _____ Acknowledgement _____
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