

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

**STUDENT TEACHING PLACEMENT AGREEMENT FORM**

I. **STUDENT TEACHER:** Please complete this section and see that it is fully completed and returned to the TE Office.

Name: \_\_\_\_\_ (Print) Student ID#: \_\_\_\_\_

*Student Teaching Address:*

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Certification Major(s): \_\_\_\_\_ Placement Grade/Level: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Semester:

Fall (Yr.): \_\_\_\_\_ Qtr: 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) Summer (Yr.): \_\_\_\_\_ 5<sup>th</sup> ( )

Spring (Yr.): \_\_\_\_\_ Qtr: 3<sup>rd</sup> ( ) 4<sup>th</sup> ( )

\*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: \_\_\_\_\_ (Print) SS#: \_\_\_\_\_

Signature: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

*Home Address:*

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_ 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 (one course up to 2-credits)/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.

III. **SITE/COLLEGE SUPERVISOR:** Indicate the placement Supervisor; a signature is recommended but not required.\*

Name: \_\_\_\_\_ \*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IV. **COOPERATING SCHOOL:** An appropriate school administrator must sign below to confirm this placement.

The \_\_\_\_\_ (Name of school) School agrees to provide this Student Teaching Placement as designated above.

Principal: \_\_\_\_\_ (Print) Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Submitted: Summative Evaluation \_\_\_\_\_ Dispositions \_\_\_\_\_ Narrative \_\_\_\_\_ Acknowledgement \_\_\_\_\_