

Student Teaching/Student Observation Request

A letter from your university, college or alternative certification program must accompany this form.

Request Type: Student Teaching Observation Hours

Student Contact Information

Name:		
Address:		
City:	State:	Zip:
Phone Number:		
E-mail Address:		
Student Teacher Certification Area:		
Student Teacher Certification Grade Level:		
Assignment Dates:		

NAME OF PROGRAM:

College, University, or Alternative Certification Program (ACP) Name:
Reason for Student Teaching/Observation Hours Request (ex. course requirement, certification requirement)
Number of Hours needed:
University/ACP Supervisor:
Specific University/ACP Requirements:

Kennedale ISD Requirements:

- 1) Student Teaching/Student Observation Request Form
- 2) Background Check through on-line Raptor system
- 3) Letter from college, university or Alternative Certification Program stating the number of hours needed.
- 4) Copy of driver's license

All steps must be completed and submitted to Kim Dailey, Personnel Specialist, at daileyk@kisdtx.net.

University or ACP Coordinator Contact Information:

Name:
Title:
Phone:
E-Mail Address:

Applicant Signature:

Date:

For office use only:

___ All documents received

___ Background Check

___ Approved

___ Campus Notified