

POUGHKEEPSIE CITY SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES - PRE-SERVICE APPROVAL FORM

The Poughkeepsie City School District (PCSD) recognizes the importance of providing future teachers with pre-service experiences such as Observation, Field Work, Practicum, Internship, and Student teaching. All pre-service placements must be approved by the Office of Human Resources, the Building Principal, and the Cooperating Teacher. Cooperating teachers may have one student teacher in a school year.

The approval process includes an orientation with the Pre-Service Coordinator and an interview with the Principal or Cooperating Teacher. Pre-service students must be under the direct supervision of a Cooperating Teacher at all times. It is the District's expectation that the Cooperating Teacher will be present while the pre-service student is working with PCSD students.

Name of Student: _____ Date: _____

Name of College/University: _____

Name of Course(s): _____

Name of School Cooperating Teacher: _____

Type of Pre-service (Check one): Hours: _____ From Date: _____ To Date: _____

- ☐ Student Teacher
- ☐ Observation
- ☐ Fieldwork
- ☐ Practicum
- ☐ Internship

Student Phone: _____

Student Email: _____

School/Level (Check one):

- | | | |
|--|----------------------------------|---------|
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Morse | Krieger |
| <input type="checkbox"/> Early Learning Center | <input type="checkbox"/> Warring | |
| <input type="checkbox"/> PMS 6 – 8 | Subject: _____ | |
| <input type="checkbox"/> PHS 9 – 12 | Subject: _____ | |

I agree to follow the direction of the building principal and classroom teacher/supervisor, and I will comply with all rules and regulations of the school and the District pursuant to the Code of Conduct that I have received.

Pre-Service Student: _____ Date: _____

University Advisor Signature: _____ Date: _____

Office Use Only

All

- ☐ Pre-Service Orientation
- ☐ School ID card
- ☐ Letter from College Supervisor

Internships and Student Teachers Only

- ☐ Fingerprint Clearance
- ☐ Violence Prevention Course or Equivalent
- ☐ Child Abuse Course or Equivalent

School Cooperating Teacher: _____

School Cooperating Administrator: _____

Assistant Superintendent of Administrative Services _____

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Upon completion of providing appropriate signatures, please return this form to Barbara Williams,
Human Resources.