Cornwall Central School District

24 Idlewild Avenue, Cornwall-on-Hudson, NY 12520 (845)534-8009 Fax: (845)534-9032

Professional Field Experience Application

Application for (check one):	Student Teaching Internship	t for Instruction at least 4 to 6 weeks prior to start date of experience. College Fieldwork Classroom Observation
Name:		
Address:		Date:
E-Mail Address:		Home Phone:
		Cell Phone:
College:		College Phone
College Contact:		
Subject Area:		Required documents from participant
Grade Level:		✓ Letter from Participant ✓ Docs/Guidelines from College
How many hours of Observation/Fieldwork:		✓ Participant's Resume
Experience Start Date:		
Experience End Date:		
l ag Applicant must attach letter of re	gree to abide by all CCSD p quest, documentation fro	policies and procedures. m the college that outlines the experience guidelines, an unofficial college transcript.
APPROVALS		OFFICIAL USE ONLY:
		Letter from Participant <u>School:</u> Docs/Guidelines from College CCHS
Assistant Superintendent for Instructi	on Date	Participant's ResumeCCMS Unofficial College TranscriptsCES
Principal	Date	
	TEACHER AS	SIGNMENT
Teacher Name:	Signature:	
Grade Level:		
Subject:		Date: