



Dear Principal:

Please verify the following information:

I understand that _____, a teacher at _____, will be completing his/her student teaching through Arcadia University during

20____ Spring semester _____ Fall semester _____

Please initial each of the following and sign below.

_____ I give permission for an Arcadia University Supervisor of Student Teachers to observe this student during school hours.

_____ This student is currently employed as a full-time teacher.

_____ This student is teaching _____ (please indicate grade level if elementary and content area if secondary*) during the 20____ - 20 ____ school year.

* If student is teaching a secondary content area, please indicate names of courses taught and the number of sections a day each course is taught.

Name of Principal _____

(Please print)

Signature of Principal _____

Name of School _____

Phone number _____

Date _____

Thank you for your cooperation and support of our educational programs.

Sincerely,

Ellen B. Scales Ph.D.
Office of School and Community Collaborations
Arcadia University
215-572-2119

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