TEAM 3 INTERNSHIP

Internship Placement Report Form

Please complete this form after you have visited your school and met with your mentor teacher. Mail the form to Judy Thompson C/O Seaholm High School 2436 W. Lincoln Suite F101 Birmingham, MI 48009

Intern Name___________________________________ Date______________

Mentor Teacher Name_____________________________ School_____________

I have done the following:

___ Visited my placement school

___ Met the school secretary

___ Obtained a map of the building

___ Obtained the school calendar and date/time when teachers are to report to school in the fall.

___ Contacted mentor teacher and exchanged home telephone numbers and/or e-mail address (if he/she is comfortable doing so).

___ Discussed the curriculum and materials I will be using in the fall with my mentor teacher.

___ Made plans for when and how to obtain the curriculum materials for review during the summer months.

___ Made plans to meet with my mentor teacher prior to the start of school for instructional planning and/or arranging the classroom.

___ Discussed any questions or concerns I have with my mentor teacher.