

PLACEMENT CONFIRMATION FORM

Please return completed form to Katie Cantin in 347 EH or FAX 517-432-5092

Intern: _____

Mentor Teacher: _____

School: _____

We have met and discussed working together during the 2009-2010 school year.

- We reviewed the Initial Meeting Checklist on _____
(date)
- We made plans to introduce the intern to _____ on _____
(Principal's name) (date)
- We have made plans to review the Spring & Summer Planning Checklist on _____
(date)
- The intern forwarded fingerprint/background check information to the school district on _____
(date)

If you have questions or reservations about this placement, contact one of the secondary team coordinators: Kelly Hodges (hodgesk@msu.edu), Trudy Sykes (sykes@msu.edu), Sylvia Hollifield (hollifi2@msu.edu) or Connie Van Belois (vanc@msu.edu).

Signature of Prospective Intern: _____ Date: _____

Signature of Prospective Mentor Teacher: _____ Date: _____

Mentor Teacher Contact Information

*School Phone: _____ *Home Phone: _____ Cell: _____

*School Email: _____ Other Email: _____

*Required - We need this information to complete your profile in our database. The information given will not be used in any way other than to reach you regarding information or concerns about your intern. Thank you for your understanding and cooperation.

THE OPENING DAY INSTITUTES

REQUIRED for all interns

Southeast Michigan Area -- Wednesday, August 26, 2009, 9:00AM to noon
Detroit Federation of Teachers Bldg (DFT), 2875 W. Grand Blvd, Detroit, MI

Lansing, Grand Rapids & Flint Areas --Thursday, August 27, 2009, Erickson Hall Kiva, MSU New Mentor Teachers—8:15AM to noon, Experienced Mentor Teachers—9:30AM to noon, Interns---9:30AM to noon