

CITE

Center for Integrated Teacher Education College of Saint Rose Internship Completion Form

Name of Intern:

Home Address:

_____ Apt# _____
Last / First

Zip _____

Social Security #:

Home Telephone #:

() _____

School (Site of Internship):

School Address:

School Telephone #:
() _____

***Note to College Supervisor:**

Please submit completed form
to Ms. Lydia Parris,
Coordinator, as soon as
possible.

Grade for Internship Courses:

EDA 546 (Part 1) _____

EDA 547 (Part 2) _____

Distinguished __ Proficient _____ Novice ____ Unsatisfactory _____

I certify that the individual named above has completed 600 hours of Internship work.

Name of Site Mentor (Please print.)

Signature of Site Mentor

Date _____

I certify that the individual named above has completed 600 hours of Internship work.

Name of College Supervisor (Please print.)

Signature of College Supervisor

Date _____