Student Teacher Placement Form

Welcome to Dexter Community Schools! This information will be held in a confidential manner within our Human Resources Department.

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS FORM

Please Print All Information *(must be legible)*

Full Legal Name: _____
Last *First* *Middle Initial*

DOB: _____ Race: _____ Gender: _____

Daytime Phone# _____ Email Address: _____

Sponsoring Teacher _____ Building _ Dexter High School 9

Student Teaching Assignment _____

Beginning Date Ending Date

Please Note:
An online criminal history check (ICHAT) will be conducted on all student teachers before your assignment begins. This form will also give your consent for the district to authorize this background check. All criminal history checks and information is kept confidential and locked and secured within Human Resources.

Important:
Would you be interested in substitute teaching when you have completed all of the requirements of your university?
_☐_YES _☐_ NO

If YES, we encourage you to sign up immediately with EduStaff when you are done with your student teaching requirements. EduStaff is the company that we contract our substitute teachers with. Links and information to sign up with EduStaff are available on the Human Resources portion our website. You will be unable to substitute for the district until all requirements of EduStaff have been met. Please remember that fingerprinting is required as a substitute teacher and will be a requirement of EduStaff. You may call Human Resources for further information.

In case of illness or emergency, please notify the following person(s):

Name Relationship Phone

_____

I agree to handle my assignment in good faith and represent the Dexter Community Schools in a positive manner by acting professionally and appropriately at all times. I agree to abide by all rules and policies of the Dexter Community Schools during my student teaching assignment with the district. I also understand that an online criminal check (ICHAT) will be conducted as part of my placement process.

_____ _____
Student Teacher Signature Date

_____ _____
Approved by / Building Administrator Date

Office Use Only:

Fingerprint Date: _____ *MDOS Date (if applicable):* _____
I-Chat Date(s): _____ *Approval:* _____