



Student Teacher Information Sheet

Part I: Student Information	
Name:	Preferred Name:
Phone #:	Email:
College/University:	
Part II: Student Teaching / Internship Assignment	
School / Department #1:	Dates:
Teacher Name:	Subject(s) Teaching:
School / Department #2:	Dates:
Teacher Name:	Subject(s) Teaching:
Part III: Emergency Contact Information	
Contact Name:	Relationship to Contact:
Cell Phone:	Work Phone:
Additional Information: (allergies, medical alerts, ...)	
Part IV: Student Teacher / Intern Responsibilities (please read and initial each)	
	I understand I may not enter a school or interact with students until I have completed all items on this list and have been given permission by HR and Learning Support to start my student teaching assignment or internship.
	I understand I must provide a copy of my Child Abuse or Neglect (CAN) check from the Cabinet for Health and Family Services that was conducted within six (6) months of the start of my assignment OR I will complete a CAN check, provide proof the CAN check is being processed, and submit a copy to the HR Department.
	I understand that I must provide a national and state criminal records background check that was conducted within six (6) months of the start of my assignment OR I will complete a national and state criminal records background check with Identigo at the current fee of \$51.25.
	I understand the HR Department must obtain a copy of my Driver's License or state issued photo ID.
	I have read and will abide by the Professional Code of Ethics for Kentucky Certified Personnel.
	I understand I must notify the principal(s) and HR if anything changes with my student teaching / internship assignment.
Part V: Signature	
Student Signature:	Date:
Printed Name:	

Please send completed form to Human Resources by email at carla.black@boone.kyschools.us or fax at 859.282.5643

BCSD Office Use Only:

Date CAN Check Received _____ Date Background Check Completed _____ Date Added to Approved List _____