



LITCHFIELD SCHOOL DISTRICT
School Administrative Unit #27

Office of the Superintendent
One Highlander Court
Litchfield, NH 03052

Phone: (603) 578-3570
Fax: (603) 578-1267

Equal Opportunity

Employer

Please use this form to notify the SAU Office of a Student Teacher that will be assigned to your location. Any college documents, cooperative teacher signatures, etc., should be maintained at the school location.

Student Teachers must complete a background check at the university or college they are attending, as well as in the district in which they wish to serve as a student teacher, intern or observer.

Student teachers may be provided with Litchfield Schools Network access for the period in which they participate in their program at our school locations. In order for this to be set up, this form must be received in the SAU Office, Human Resources. A request will be made and user name and password issued. The account will automatically disable at the end of their student teacher assignment with the district.

STUDENT TEACHER ASSIGNMENT

STUDENT (Teacher) NAME: _____

SCHOOL: **GMS** **LMS** **CHS** **SAU**

COOPERATING TEACHER: _____

COLLEGE/UNIVERSITY: _____

SUBJECT: _____

START DATE: _____

END DATE: _____

NETWORK ACCEPTABLE USE SIGNATURE: **YES** **NO**
(PLEASE ATTACH THE REQUIRED FORM)

Administrative Signature

Date

SAU OFFICE ONLY:

School Dude Request _____ Password Issued _____ Initials _____ Date _____
