

STUDENT TEACHING PERMISSION REQUEST

Dear Principal:

The Lehman College student listed below has applied to be in a student teaching course/seminar next semester in the following department at Lehman College:

- ☐ Early Childhood and Childhood Education (ECCE)
- ☐ Middle and High School Education (MHSE): *Includes TESOL, Music, Art*
- ☐ Special Education (CLLSE)

To complete the student teaching semester at your school, our Lehman College student attests to:

☐ Pre-approval from Lehman College faculty advisor to use her/his school and assignment with a cooperating teacher in the student's NYSED teacher certification area.

To complete the required coursework, the student needs to be supervised by a NYSED certified teacher in:

- ☐ Birth or Pre-kindergarten through grade 2 (Early Childhood Education)
- ☐ Grades 1 through 6 (Childhood Education)
- ☐ Grades 7 through 12 (Middle and High School Education)
- ☐ TESOL or Music or Art (PK – 12)
- ☐ *Bilingual extension*

Once enrolled in courses, the student teacher will be assigned a Lehman faculty member who will visit your school in-person and/or remotely through video recordings several times to observe the student while he or she is teaching.

To give permission for the applicant to complete Lehman College requirements while student teaching at your school, please complete the bottom portion of this form and sign. As per New York State initial certification requirements, teacher candidates may be required to complete the coursework or an exam that includes videotaping lessons for supervision and educative purposes during student teaching.

I appreciate your cooperation and support. If you have questions about the student teaching course or would like to discuss the applicant, please feel free to contact me.

Sincerely,

Leslie Lieman
Director, Clinical Practice & Partnerships
clinical.practice@lehman.cuny.edu ~ (718) 960-8699

STUDENT TEACHER APPLICANT

Student Teacher Applicant Name: _____ Lehman Faculty Advisor _____

Cooperating Teacher: _____ Cooperating Teacher Email: _____

School: _____ Tel: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Grade: _____ Content Area/Subject: _____ District _____

I, (print principal's name), _____ the principal of (school), _____

give permission for (name of applicant) _____ to complete Lehman College coursework and NYSED requirements while teaching at our school. The student teacher is

(check/circle one) ☐ employee (teacher assistant, aide, para) or ☐ other pre-approved status _____

and will be assigned to work with a Cooperating Teacher in the student's NYSED Teacher Certification content area.

Principal's Signature _____

Date _____

PRINCIPAL