Field Placement Contract for Ferrum College Teacher Education Interns

By signing this form, I agree to meet all of the expectations for interns described in the Ferrum College Teacher Education Student Handbook. _____
Intern Initials Here

I will submit the following schedule of times when I will be at my placement. If for some reason, I cannot attend as scheduled, I will notify my cooperating teacher at the earliest possible time and in the manner specified by my cooperating teacher._____
Intern Initials Here

I understand that it is my responsibility to complete my required field hours PRIOR TO THE LAST DAY OF REGULAR CLASSES for the semester, and to have my hours verified by my cooperating teacher. _____
Intern Initials Here

If I drop my current education class, I will let the Clinical Faculty Supervisor, my cooperating teacher, and my current education professor know immediately. _____
Intern Initials Here

List specific days and dates for contracted days and times for internship. Do not just list day and time, but include dates, also. Plan wisely to se

Day / Date	Time	Number of hours completed on this date	Total Hours to be completed by end of this date.
Ex: Mon Jan 15	10 - 12	2	2
Tues, Jan 23	9:30 – 12:30	3	5

Intern Signature: _____ Date: _____

Interns' Phone Number: _____ Email: _____

Cooperating Teacher's Signature:

Cooperating Teacher's Phone Number _____ Email _____