

POINT PARK UNIVERSITY

School of Education

PLEASE TYPE – Placement Verification Form – ABCTE

ABCTE Candidate's Name: _____

Area of Certification: _____

Cell Phone Number: _____ Point Park Email Address _____

Placement Verification

Name of School: _____ School District: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: _____

Check one:

☐ Track 1 Candidates: Complete the teaching/mentoring as a student teacher with a cooperating teacher – No Temporary Teaching Permit

☐ Track 2 Candidates: Complete the teaching/mentoring as a paid, contracted teacher on a Temporary Teaching Permit

Track 1 Candidates completing the teaching/mentoring as a student teacher with a cooperating teacher, complete this section.

Cooperating Teacher's Name: _____

Cooperating Teacher's Email and Cell Phone: _____

Content Area and Grade Level: _____

The cooperating teacher is a PA certified teacher in the content area(s) listed above? Yes ☐ No ☐

Has the cooperating teacher taught at least 3 years? _____

School Official Verification – REQUIRED FOR ALL CANDIDATES

☐ The teaching schedule meets the requirement for the candidate's certification area.

Verified by (name and title): _____

Telephone Number: _____ Email: _____

Signature of the School Official: _____ Date: _____