



Greeley-Evans
Weld County School District 6

1025 NINTH AVENUE | GREELEY, COLORADO 80631
970-348-6000 | WWW.GREELEYSCHOOLS.ORG

Learning Services Department
Professional Development

Application to Receive District 6 Credit for Supervision of Student Teacher

(Please note this does not apply to Practicum Teachers)

Name: _____

Phone: _____ Email: _____

Professional assignment: _____

Location: _____

Dates of Supervision of Student Teacher: ____/____/____ to ____/____/____

Name of Student Teacher _____

Credit will be awarded for student teaching assignments only.

Amount of Credit to Be Awarded (check one)

- Half semester = 0.5 semester credit
 Full Semester = 1.0 semester credit

Briefly describe specifics of this student teacher supervision.

Verification of Completion:

Signature of the Principal/Supervisor indicates that the participant has satisfactorily completed the supervision of this student teacher/intern and should receive the amount of District 6 credit indicated at the top of this page.

Your Signature

Date

Principal Signature

Date

Office use only:

_____ Approved for _____ District 6 Credit(s).

_____ Approved for _____ CDE License Renewal Contact Hours

_____ Not approved

Director of Professional Development

Date