

# WELLESLEY PUBLIC SCHOOLS

11/1/2020

11/1/2020

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM



11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

11/1/2020 11:00 AM

WELLESLEY PUBLIC SCHOOLS

Application for Student Teachers Interns or Practitioners

Email: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Undergraduate  Graduate

University Affiliation: \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Placement:  Student Teacher  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  Full Year  Intern  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  Full Year

Requested Location: \_\_\_\_\_

Requested Dates: \_\_\_\_\_

CORI Application

Fingerprints

Confidentiality Agreement

Cooperating Wellesley Teacher / Educator: \_\_\_\_\_

Grade / Discipline: \_\_\_\_\_

I agree to serve as a cooperating practitioner for the above applicant.

I recommend the above request be: \_\_\_\_\_

Approved

Disapproved

I recommend that \_\_\_\_\_

Date: \_\_\_\_\_

Department Head / K-12 Director Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



4) In the event an intern or student teacher is undertaking work which would require a

license, Adult Protection is the authority responsible for the appropriate

practices sanctioned by the

are not authorized to use physical restraints of students.

9) Interns and student-teach

departments and activities in order to be eligible for public schools.

11) All reports reviewed by the State Department of Education shall be forwarded to the State Department of Education.

practices that are

and the State Department of Education shall be forwarded to the State Department of Education.

in access to email and be required to follow the Acceptable Use Policy

8) Student interns will be given

established by the school district.

12) The

13) The cooperating teacher or educational professional will forward any vouchers received

the college or university to the Assistant Superintendent of Teaching and Learning.

signature The following information is required for the completion of the contract.

the stu

Student Intern / Student Teacher

Date

Professional Date

Cooperating Teacher / Educational Professional



**CORI REQUEST FORM**

Signature \_\_\_\_\_

**REQUESTED INFORMATION (Please Print)**

\_\_\_\_\_  
 E NAME    LAST NAME    FIRST NAME    MIDDLE NAME

\_\_\_\_\_  
 LAST SIX DIGITS OF SSN

\_\_\_\_\_  
 DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
 EMAIL ADDRESS

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

FATHER'S NAME

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 FIRST NAME

MOTHER'S NAME

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MAIDEN NAME

\_\_\_\_\_  
 RACE

\_\_\_\_\_  
 PLACE OF BIRTH

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE\*\***

The above information was verified by reviewing the following type of government issued photographic identification:

REGULAR LICENSE

DRIVER'S LICENSE

SIGNATURE OF CORI AUTHORITY EMPLOYEE

