

**TEACHING INTERNSHIP PERMISSION REQUEST**

Dear Principal:

The teacher whose name appears below has applied to be enrolled in an Early Childhood and Childhood Education (ECCE) or a Middle and High School Education (MHSE) teaching internship course next semester. In order to complete the internship, the intern needs to be a full-time teacher (pre-kindergarten through grade 2 for Early Childhood Education; grades 1 through 6 for Childhood Education; or grades 7 through 12 for Middle and High School Education). Once enrolled in the internship course, the intern will be assigned a Lehman faculty member who will visit your school [possibly remotely or through video recordings] several times to observe the intern while he or she is teaching.

To give permission for the applicant to participate in the internship course while teaching at your school, please complete the bottom portion of this form. As per new state initial certification requirements, teaching interns may be required to complete the edTPA, which may include videotaping at least one or more lessons during teaching internship.

Visit this link for more information about this certification requirement:

[https://www.edtpa.com/PageView.aspx?f=GEN\\_NewYork.html](https://www.edtpa.com/PageView.aspx?f=GEN_NewYork.html).

I appreciate your cooperation and support. If you have any questions about the internship course or if there is anything you would like to discuss regarding the internship applicant, please feel free to contact me at 718-960-8004 or [clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu).

Sincerely,

Leslie Lieman  
Director, Clinical Practice & Partnerships  
[clinical.practice@lehman.cuny.edu](mailto:clinical.practice@lehman.cuny.edu)

INTERNSHIP APPLICANT

Internship Applicant Name: \_\_\_\_\_

Mentor (if applicable): \_\_\_\_\_ Mentor Contact Info. (Tel. or Email): \_\_\_\_\_

School: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Content Area/Subject: \_\_\_\_\_ District: \_\_\_\_\_

I, \_\_\_\_\_ (**principal's name**), the principal of \_\_\_\_\_(**school**), give permission for \_\_\_\_\_ (**name of teacher/internship****applicant**) to complete the required Lehman College internship while teaching at my school.

PRINCIPAL

\_\_\_\_\_  
Principal's Signature\_\_\_\_\_  
Date