

STUDENT TEACHING 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) student teaching course next semester. In order to complete the coursework, the student needs to be supervised by a certified 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 courses, the student teacher will be assigned a Lehman faculty member who will visit your school [or possibly remotely through video recordings] several times to observe our teacher candidate while she or he is teaching.

To give permission for the applicant to complete Lehman College requirements while teaching at your school, please complete the bottom portion of this form. As per new state initial certification requirements, teacher candidates may be required to complete the edTPA, which includes videotaping at least one or more lessons during the student teaching semester.

Visit this link for more information about this certification requirement:

https://www.edtpa.com/PageView.aspx?f=GEN_NewYork.html.

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

Sincerely,

Leslie Lieman
Director, Clinical Practice & Partnerships
clinical.practice@lehman.cuny.edu

Student Teacher Name: _____

Cooperating Teacher: _____ Cooperating Teacher 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's Signature_____
Date