



## TEACHER CANDIDATE PLACEMENT FORM

**Instructions:**

- E-mail the completed form to Bonnie Mottola, [bmottola@csusm.edu](mailto:bmottola@csusm.edu).
- (1) **At the beginning of the semester** and (2) **when a change occurs\***.

\_\_\_\_\_  
 Supervisor Name

\_\_\_\_\_  
 Date

**\*Use date last updated**

Teacher Candidates Name (Alphabetize by LAST NAME)	CP I OR CP II	SCHOOL AND DISTRICT	GRADE LEVEL	BILINGUAL (YES/NO)	COOPERATING TEACHER (If more than one CT, include how stipend is to be split after each name)	ON-SITE LIAISON	PROGRAM (ML, MS, SS, SPED)