

TEACHER CANDIDATE PLACEMENT FORM

Instructions:

- E-mail the completed form to Bonnie Mottola, 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)	CSUSM ID #	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)