



Office of Professional Development
VERIFICATION FORM
Supervision of a Student Teacher ONLY
FROM ALL UNIVERSITIES
(Not For Practicum or Internship)
SPRING 2019 (ONLY)

In order to process a stipend for you, we **MUST** have this form completed and returned ASAP, but no later than

Tuesday, April 23, 2019 for 1st and 2nd
Placements

(Please Print)

Date _____

Cooperating Teacher's Name: _____

Cooperating Teacher's Signature: _____

SS#: _____

School Name: _____

Student Teacher's Name: _____

Student Teacher's Signature: _____

College/University's Name: _____

Dates of Supervision: _____

Principal's Signature: _____

Send to: Ms. Chrisantha J. James
Fax #: 804-780-6988 (No cover sheet is required)
Scan and Email: Cjames2@rvaschools.net

NOTE: Remember to follow up with the university to receive your additional stipend.
Thank you so much for assisting a future teacher! (You will receive payment in June.)