



CUESTE Student Teaching Placement Verification Form

This form is to be completed and signed by the CUESTE student, the Cooperating Teacher(s), and the University Supervisor. **Any future payments and university credit vouchers will reflect the information provided on this sheet.** If any changes are made after this form has been submitted, please fill out the *Change of Placement Form*. If you have any questions regarding this placement, or if you have any questions regarding this form, please contact Candy McGilvray by e-mail at cmcgilvr@eou.edu or phone (541) 962-3338.

THIS FORM IS DUE BY THE END OF THE FIRST WEEK OF YOUR STUDENT TEACHING PLACEMENT.

Student _____

University Supervisor _____

If you have not met with your University Supervisor yet, please submit this form to Candy McGilvray *without* your supervisor's signature. Thanks!

Student Teaching Placement

School _____

Grade Level _____

Cooperating Teacher(s) _____

School District _____

Principal _____

Term of Placement _____

By signing below, you acknowledge the above information is accurate.

CUESTE Student _____ Date _____

Cooperating Teacher(s) _____ Date _____

University Supervisor _____ Date _____

Return Completed Form To:

**Eastern Oregon University
College of Education
Attn: Candy McGilvray
One University Boulevard
La Grande, OR 97850**

Fax: (541) 962-3702