



Haverhill Public Schools

Human Resource Department

College/University Placement Questionnaire

Please check one:

- Student Teaching Pre-Practicum Student Teaching Practicum Observation
 Internship Student Nurse Other: _____

PLEASE PRINT CLEARLY

Student Name: _____ Telephone #: _____

Name of College/University: _____

Name & Title of College/University Representative: _____

Representative phone and email address: _____

College Major: _____

Grade/Subject in which you request to be assigned: _____

Total hours requested per week: _____ Days requested (Circle all that apply): M – T – W – TR – F – ALL

Start Date: _____ End Date: _____

School/Grade Preference:

- Pre-School
 Elementary School
 Middle School
 High School
 Alternative Learning School

Specific Haverhill Public School Preference (if any): _____

Student Signature: _____

College/University Representative Signature: _____

TO BE COMPLETED BY HPS PRINCIPAL

School: _____ Grade/Subject: _____

Name of teacher assigned to student: _____

Start Date: _____ End Date: _____ Schedule: _____ Total hrs planned: _____

I hereby certify that I have completed the qualifications on the recommended student and that this is an approved placement for my building/department.

Principal Signature: _____

Date: _____