# Appendix F August Experience Signature Form

Teacher candidate name (Last, First)

Candidate’s degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of teacher work day

Date of the first day of school

State

School district

School

Principal name

Principal signature

Teacher name

Teacher signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student teaching – Fall
* Student teaching – Spring
* Internship – Holmes Program

Did you complete your August Experience in your assigned school for student teaching or internship?

If not, why?