



INTERN INFORMATION FORM

Name of College/University Field Service Contact:

Email and Phone:

Name of Intern	
College/University	
Year/Term	
School District of Lancaster Building Placement	
Cooperating Teacher Grade/Subject	
<u>Intern Contact Information</u> Phone Number Address	
<u>Emergency Contact</u> Name Phone Number	
Confirmation that all Clearances have been submitted.	
Special Accommodations Needed	