



## Student Teacher/Intern Placement Data Sheet

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Assigned SPPS School: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

Area of Licensure: \_\_\_\_\_

College: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_

The cost for the Criminal Background check is \$22. Please make checks payable to St. Paul Public Schools.

\_\_\_\_\_ Cash      \_\_\_\_\_ Check

Are you a current SPPS employee?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If Yes, what is your Employee ID# E\_\_\_\_\_

Submit completed forms and payment to: Saint Paul Public Schools  
Attention: Kelly Ouellette  
Human Resource Department  
360 Colborne Street  
St Paul, MN 55102