After having read the policies and the requirements for student teaching for Educational Aides who wish to complete student teaching in their paid position as an Aide, I, __________________________, agree to facilitate and support the Educational Aide, __________________________ in completing requirements for the student teaching semester.

I understand that if the Educational Aide is unable to fulfill the requirements for the student teaching semester in their present paid position, they will have to be reassigned, or they will have to resign from their paid position in order to be placed elsewhere for student teaching.

I understand that Educational Aides who are certifying in special education, have special requirements that must be met, specifically dual placements that may take them out of their paid Educational Aide positions for part of the semester. I understand that I will need to make accommodations for this student teacher in order to fulfill this state requirement.

I therefore agree to permit the Educational Aide, __________________________, to complete student teaching requirements while in my employ.