|  |  |  |
| --- | --- | --- |
| **Name:** | **School:** | **Summer Email:**  **Summer Phone Number:** |
| **Business** List the business and/or employer contact information for which you will be externing. | **Externship** Detail the length of the externship including expected dates and hours. | **Impacted Programs of Study** List the courses you teach that will impacted by the externship |
|  |  |  |

*Please complete the following information*

|  |
| --- |
| **How do you expect the externship will impact the classes and students that you teach?** |
|  |
| **List the knowledge and skills that you expect to gain during the externship.** |
|  |
| **Are you partnering if a core teacher (i.e. math, science, language arts)?**  **If yes, include contact information.**  **If yes, write a description of the unit, project, lesson, cross-curricular activity that you and the core teacher will develop as a result of the externship experience.** |
| Yes, I am partnering with a core teacher. **Both teachers are REQUIRED to complete separate time sheets and final reports.**  No, I am completing the externship individually.  If yes, core teacher contact information  First Name  Last Name  Subject Taught  Email Address  Description of the unit, project, lesson, cross-curricular activity that you and the core teacher will develop as a result of the externship experience. |