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| --- | --- | --- |
| **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*

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| **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 NameLast NameSubject TaughtEmail AddressDescription of the unit, project, lesson, cross-curricular activity that you and the core teacher will develop as a result of the externship experience. |