



PRINCIPAL PERMISSION LETTER FOR LEHMAN COLLEGE INTERNSHIP SEMESTER

Dear Principal:

The teacher listed below has applied to use her/his teaching position/classroom to complete a required teaching internship course/seminar next semester in the following department at Lehman College:

- ☐ Early Childhood and Childhood Education (ECCE)
☐ Middle and High School Education (MHSE)
☐ Health Education (HEA)

To complete the internship semester, our Lehman College student attests:

- ☐ **Pre-approval** by Lehman faculty advisor to use her/his school/teaching job for internship courses.
☐ Is a **full-time lead teacher** in her/his NYSED Teacher Certification content area and grade.
☐ Is a **full-time employed permanent substitute**, guaranteed to be in the position through the end of the semester in her/his NYSED Teacher Certification content area and grade.
☐ Pre-kindergarten through grade 2 (Early Childhood Education)
☐ Grades 1 through 6 (Childhood Education)
☐ Grades 7 through 12 (Middle and High School Education)
☐ TESOL or Music or Art (PK – 12)
☐ Teaching Health Education to meet NYSED requirements

Once enrolled in the internship semester, the intern will be assigned a Lehman College faculty member who will visit your school [*in person and/or remotely through video recordings (video recorded observations only for **Health Education**)*] several times to observe the intern while he or she is teaching.

As per initial NYSED certification requirements, teaching interns may be required to complete a performance assessment assignment, which may include videotaping at least one or more lessons during teaching internship. Please complete the bottom portion of this form to give permission for the applicant to participate in the internship semester while teaching at your school.

Thank you for your support. If you have questions about the internship course or would like to discuss the internship applicant, please feel free to contact me. No other letter can be substituted for this one.

Iain M. Coggins, Ph.D.

Interim Director, Clinical Practice & Partnerships
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INTERNSHIP APPLICANT

Intern/ Applicant Name: _____ Lehman Faculty Advisor: _____

Mentor (if applicable): _____ Mentor Email: _____

School: _____ Tel: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Grade: _____ Content Area/Subject: _____ District: _____

PRINCIPAL

I, (print principal's name), _____ the principal of (school), _____

give permission for (name of applicant) _____ who is employed at my school as

(check one) ☐ full-time lead teacher ☐ permanent lead substitute through date _____ ☐ other pre-approved status

to complete the required Lehman College courses while teaching in her/his NYSED content area at our school.

Principal's Signature _____

Date _____

