



TOURO COLLEGE

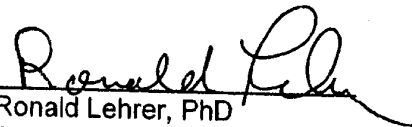
School of Education and Psychology
Graduate Education and Special Education
43 West 23rd St. (Office 301)
New York, NY 10010
Telephone: 212-463-0400, ext. 797 Fax: 212-462-4889

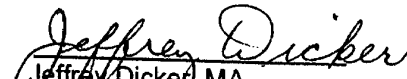
Dear School Administrator:

We are pleased that a Touro College graduate student is completing his or her field experience or practicum in your school. Working with certified and licensed administrators and teachers in a professional environment is a key factor in our teacher education programs.

In order to document service in your school, we ask that this form be completed. Thank you in advance for your cooperation. Feel free to contact us if you would like additional information or have any questions about our field experience/practicum courses.

Sincerely,


Ronald Lehrer, PhD
Chair, Graduate Education &
Special Education


Jeffrey Dicker, MA
Director, Student Teaching

Date _____

Student Name

Course Number

School name or number

Telephone Number

School address

Administrator's Name

Date

_____ attests to the fact that _____ is a state accredited school, in _____.
Administrator's signature School name/number State

Cooperating teacher's name Grade Type of Class Type of teacher cert. Date State

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