

Department of Education
Eastern Washington University

Intern Substitute Certificate Policy Agreement

Please provide the requested information or initial as applicable.

My student teaching Supervisor is _____

His/her email address is _____

I understand that I am only allowed to serve in the classroom of my cooperating teacher and that after three consecutive days of serving as an Intern Substitute I must return to my role as Student Teacher for at least one day before I can intern substitute again and may not serve more than ten days total (half days will be counted as one full day toward the total.) I also understand that I am required to email the certification office each day I perform duties as a substitute teacher while student teaching (or provide a calendar of dates I am scheduled to work.) _____

I have read and understand the attached EWU Intern Substitute Policy and will adhere to the criteria.

Signature Date