



Pre-Professional Education Program
Gevirtz Graduate School of Education, University of California, Santa Barbara

**PRELIMINARY VERIFICATION
OF
PLACEMENT**

Fall _____ Winter _____ Spring _____ Summer _____

Date _____

Name _____

Phone _____ email _____

School _____

Site Coordinator or Administrator _____

Grade level _____ Subject (secondary only) _____

Supervising Teacher _____

Arrangements Made:

DAYS _____

HOURS _____

START DATE _____

END DATE (if known) _____

Site Coordinator's (or Teacher's) Initials _____ **Your initials** _____

When you have completed this form, please return it promptly, in person, to the
Preprofessional Education Office, Phelps 2517 or mail it to: Judy Headley, TEP/PEP,
University of California, Santa Barbara, CA, 931306-9490

jh/2006