

Student Teaching/Field Experience Compensation Form

Teacher Name: _____

Student Name: _____

College/University: _____

Semester/Quarter: _____

School Year: _____

If any compensation is received by the school district from the college/university listed above, I would like to (check only one):

Receive the amount as compensation subject to appropriate deductions

Have the amount deposited to a supply account for my professional use

Have the amount allocated for a professional development activity

Signature of Teacher: _____

Date: _____

Please submit the completed form to the Treasurer's Office