# Request to Substitute Teach

Teacher Candidate (TC): \_ School: \_

Cooperating Teacher (CT): \_ Subject: \_

This completed form must be approved by the Director of Clinical Work prior to beginning any substitute work and is subject to all parties agreeing to the conditions listed below:

* Teacher candidate has demonstrated strong skills **in classroom management** and is familiar with site policies and practices.
* Teacher candidates may serve as substitute teachers for their Cooperating Teachers only.
* Teacher candidates may not become a part of the regular substitute teacher pool.
* Substitute teaching cannot interfere with regular participation in any Stanford course.
* The cooperating teacher and university supervisor agree that the candidate is prepared to substitute teach.

Teacher Candidate: \_ Date: \_ (signature)

Cooperating Teacher: \_ Date: \_ (signature)

University Supervisor: \_ Date: \_   
(signature)

Approved by: \_ Date: \_

(Signature of the Director of Clinical Work)