POINT LOMA NAZARENE UNIVERSITY, SCHOOL OF EDUCATION
HOST TEACHER INFORMATION FORM

Student Name:	Course # :	Semester: Fall / Spring Year:

Host Teacher Name:	School Name and Address:

* If you are a teacher who has previously provided this information, please check here ☐

If you have provided this information before, but have recently completed additional certificates/degrees, please complete this form.

University 1:	Degree 1:	Year Graduated:
University 2:	Degree 2:	Year Graduated:
University 3:	Degree 3:	Year Graduated:

Credential(s) Held: ☐ Multiple Subject (K-12)	Date started teaching:
☐ Single Subject Content Area(s): _____	Date started supervising candidates:
☐ Ed Specialist Mild/Mod ☐ Ed Specialist Mod/Severe	Additional certificates / authorizations:
Other: _____	EL Authorization (CLAD) : ☐ Yes ☐ No

The following information pertains to your current teaching site:

Title:	Grade levels taught:	Subjects taught:
Work phone number:	Work email:	

Thank you for partnering with Point Loma Nazarene University's School of Education..

This information is documented in a secure data system. Any and all information is for university use only.
Once this form is complete, the **candidate** will attach the document to the corresponding course number in Taskstream and submit the document to the Field Experience Coordinator.