Host Teacher Information Form

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

Host Teacher Name:	School Name and Address:	

Title: ☐ Elementary Teacher ☐ Middle School Teacher ☐ High School Teacher ☐ Early Childhood Teacher ☐ Ed Specialist Other: _____	Grade Levels Taught:	Subjects Taught:
	Work Phone Number:	
	Work Email:	

* 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) ☐ Single Subject Content Area(s): _____ ☐ Ed Specialist Mild/Mod ☐ Ed Specialist Mod/ Severe ☐ Ed Specialist Extensive Support Needs Other: _____	Date Started Teaching:
	Date Started Supervising Candidates:
	Additional Certificates/ Authorizations:
	English Language Authorization: ☐ Yes ☐ No *All CA preliminary teaching credentials issued after 2003 have EL Authorization embedded in credential **Any type of EL certification is acceptable

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.