

# Host Teacher Information Form

Student Name:	Course # :	Semester: Fall / Spring / Summer 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: <input type="checkbox"/> Multiple Subject (K-12) <input type="checkbox"/> Single Subject Content Area(s): _____  <input type="checkbox"/> Ed Specialist Mild/Mod <input type="checkbox"/> Ed Specialist Mod/ Severe <input type="checkbox"/> Ed Specialist Extensive Support Needs Other: _____	Date Started Teaching:	
	Date Started Supervising Candidates:	
	Additional Certificates/ Authorizations:	
	English Language Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*All CA preliminary teaching credentials issued after 2003 have EL Authorization embedded in credential            **Any type of EL certification is acceptable</small>	
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.