



**LEAD TEACHER INFORMATION**  
**(WCSD lead teachers do NOT fill this out)**

**Please Print or Type:**

_____			Maiden Name _____
Last Name	First	M.I.	
_____			Phone _____
Street Address or P.O. Box			
_____	_____		Email _____
State	Zip		(your assigned school email)

Current teaching position: \_\_\_\_\_

School	Grade	Subject(s)	Years in Position
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**Please list your teaching experience in chronological order, beginning with the most recent (or attach your resume):**  
Number of years & dates      School name, address, city, state, zip code      Grade(s) & Subject(s)

**Please list your current Nevada teaching license(s), including area(s) of licensure:**

**Please list your current academic degrees earned, in chronological order, beginning with the most recent:**  
Date      Academic Degree, Major (and Minor)      School & Location

Briefly describe how a College of Education student teacher would benefit from working with you as his/her lead teacher for the internship.

Other preferences, requests, or comments regarding potential placement of a student teacher with you.

**& fax the completed form to: 775-327-2323**