

**Greene County Public Schools  
Practicum & Student Teacher Verification Form**

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Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ H \_\_\_\_\_ C \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ US Citizen Yes: \_\_\_\_\_ No: \_\_\_\_\_ VA Resident: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been discharged or requested to resign from a former position? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes", explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional References: (Name, Address, Telephone, no family or personal references)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if you wish to be considered for a Substitute Teacher Position with GCPS.

University: \_\_\_\_\_ Degree Program: \_\_\_\_\_

University Contact/Coordinator: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

GCPS Placement: \_\_\_\_\_ Teacher/Sponsor: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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All interns, practicum and student teachers are subject to background checks and fingerprinting prior to placement.