



Please register for this Teacher @ Work GWAEA course at <http://www.aea10.k12.ia.us/profdev/coursesdate.cfm?date=05/2016>

For more information regarding this course, please contact Pat Highland at highland.pat@iowacityschools.org

**WLC TEACHER @ WORK
INTERNSHIP SITE REQUEST**
40 Hours (3 credits)

Teacher Name: _____

School/District: _____ Subject/Grade: _____

School Phone # _____ Home /Cell# _____

Home address: _____

Home e-mail: _____ Work e-mail: _____

Do you have a referral business? If so, please indicate the name of business and the contact.

If you're not sure where you would like to intern, please describe what business you are interested in and what you want to learn.

What are your goals for this experience, i.e. connections to your curriculum?

Have you participated in a Teacher @ Work opportunity previously? ___yes ___no.

If yes, where did you complete your internships? _____

Range of dates available for T@W experience: _____

Please complete and return this form via U.S. mail or email to:

Workplace Learning Connection

Sue Neil

1770 Boyson Rd., Ste. 302D

Hiawatha, IA 52233

Fax: 319-398-1053

Phone: 319-398-4828

sue.neil@kirkwood.edu

Thank you!