



Job Embedded Program
Intent to Hire

Student Last Name	First Name	Middle Name	Maiden Name
Street/P.O. Box	City	State	Zip Code
Telephone	Cell Phone	Email Address	

This letter is evidence of intent to employ the above-named student as a teacher in the _____ School System during the year 20__ to 20__ in the following area:
 ___SPED PreK-3 ___SPED K-12 ___Middle Grades 6-8 ___Secondary (6-12) ___All Grades K-12

Subject and Grade Job-Embedded Student to teach: _____

Start Date _____

School System	Name of Director of Schools	Date
Contact Person/Principal	Contact Person Phone Number	Contact Person Email
Name of School	Address	School Phone Number
Mentor Teacher Name	Mentor Teacher License Number	Subject and Grade Taught
Mentor Teacher Email	Mentor Teacher Phone Number	

Employee/Student Signature: _____ Date: _____

Director of Schools Signature: _____ Date: _____

ETSU Certification Coordinator Signature: _____ Date: _____

ETSU Director of Field Experiences & Residency: _____ Date: _____

ETSU Associate Dean of Educator Preparation: _____ Date: _____