



POINT PARK UNIVERSITY

SCHOOL OF ARTS AND SCIENCES  
DEPARTMENT OF EDUCATION

PLACEMENT VERIFICATION FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Area of Certification \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

The above named ABCTE Candidate has been offered and has accepted placement at:

School \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone Number \_\_\_\_\_  
District \_\_\_\_\_  
Content Area \_\_\_\_\_  
Grade Level \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Verified by \_\_\_\_\_ (signature)  
Print Name \_\_\_\_\_  
Position \_\_\_\_\_  
Date of Verification \_\_\_\_\_  
Contact Information:  
Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

!!!Attach a copy of your teaching schedule to this form.