**Confirmation of a supervised internship in a school of the Intermobil project partner network**

**1. Details of the student**

Name student

Study location  Muttenz  Solothurn  Brugg-Windisch

Email address

Mobile phone

Date of the internship

**2. Details of the school**

Name of school

Address of school

Country

Phone

Email address of the school

Website

**3. Details of the school management**

Name/ surname of principal

Phone

Email address

Name/ surname of vice rincipal

Phone

Email address

**4. Details of the internship class**

Grade

Number of pupils in class

Special needs (pupil with disabilities)

Lessons per week (in hours)

**5. Supervising teacher**

Name/surname of supervising teacher

Experience in supervising student teachers  Yes  No

Email address

**6. Emergency addresses**

In case of illness, the student can contact the school management at the following telephone number:

In case of illness, the Head of School will immediately inform the Intermobil team ([katja.schnitzer@fhnw.ch](mailto:katja.schnitzer@fhnw.ch); [beatrice.berki@fhnw.ch](mailto:beatrice.berki@fhnw.ch)) and the following private emergency contact (name, address, telephone number, email address):

**7. Accommodation of the student**

Accommodation during the internship is with a family or in student accommodation (cf. attachment "Accommodation for students").

**8. Reimbursement for services rendered**

The supervising teachers are paid by the University of Applied Sciences Northwest Switzerland, School of Primary Education (PH FHNW). The fee paid covers the supervision, co-planning, counselling and assessment of the internee, based on 30 hours for one internee per class or 45 hours for 2 internees in the same class. The per hour rata should reflect the local rates for teachers with the expected work experience in primary school.

hourly rate:       currency:

After completion of the internship, please send an invoice, using the template provided, and send it by email to [katja.schnitzer@fhnw.ch](mailto:katja.schnitzer@fhnw.ch).

**Confirmation**

With my signature, I confirm as principal of the abovementioned primary school, that the information given above is correct. I also ensure that the following documents have been taken into account:

* Information internship schools
* Assessment internship abroad
* Invoice internship abroad

Name

Place, date

Signature and school stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_