

## Intern Information Sheet

Complete the template for this page and include it as the first page of your  
Teacher Performance Assessment.

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**Name:** Shannon Smith      **Social Security Number:** XXX-XX-2342  
**Date of Birth:** 03/28/84

**Current Teaching Assignment:** **Grade(s)** 9<sup>th</sup> & 10<sup>th</sup> **Subject(s)** English  
**School District:** Orange County Public Schools

**School Name:** Orange County High Schools

**School Address:** 123 Grove Rd.

**School Telephone:** 555-0989

**Home Address:** 8686 Sunshine Way  
Smallville, KY

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**School E-mail Address:** Shannon.smith@orange.kyschools.us

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I verify that this Teacher Performance Assessment contains my authentic work, the authentic work of my students, and authentic feedback from colleagues, parents, and administrators.

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Signature

Date