

APPLICATION FOR STUDENT TEACHING

EBD/LD Licensure Candidates

Fall 2014

***Application Due to Advisor by 2/14/14.***

Graduate Student \_\_\_\_\_ Undergraduate Student \_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ non-Augsburg email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensure Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Degree (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position /Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current License (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information – Name, Phone Number(s), and relationship to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of student teaching (please circle): 7 Weeks (Licensed Teacher) 12 Weeks (Non-licensed)**

**I. REQUIREMENTS PREREQUISITE TO STUDENT TEACHING:**

 **A. Acceptance into the Education Department Licensure Program**

 1. Have you been accepted in the Education Department? Yes\_\_\_\_\_\_ No\_\_\_\_\_

 2. Do you have a minimum 2.5 GPA (undergrads)/ 3.0 (MAE)? Yes\_\_\_\_\_ No\_\_\_\_\_

 3. Are any of your Education courses below 2.0 (undergrad)/3.0 (MAE)? Yes \_\_\_\_\_ No \_\_\_\_\_

 4. Have you passed all portions of the PPST/MTLE Basic Skills test?

 Yes \_\_\_\_\_

 No \_\_\_\_\_

 a. What section(s) do you still need to pass? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Do you plan to submit a petition to be allowed to student teach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (due 2/11/13)

1. **Completion of the prerequisite courses and licensure testing:** (See list of courses later in this application)

  **Undergraduates**:

1. Have you completed your general education courses Yes \_\_\_\_\_ No \_\_\_\_\_

2. Will you complete all requirements for graduation by end of this term? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you successfully completed MAT 137? Yes \_\_\_\_\_ No \_\_\_\_\_

**All Students**:

1. Do you plan to take courses while student teaching? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you taken the MTLE pedagogy and content exams? Yes \_\_\_\_\_ No \_\_\_\_\_

(If no, when do you plan to take them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **List the Clinical/Fieldwork/Classroom Experiences already completed:**

Course Site Grade Level EBD/LD Students? Use for Licensure?

EDC 200/522 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation to Education

EDC 310/533 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning and Development

EDC 410/544 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learners with Special Needs

EED 320/EED 325 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K-8 Methods: Reading

EED 350 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K-8 Methods: Math

EED 360 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K-6 Methods: Science

SPE 400/500 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Students with EBD

SPE 410/510 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implementing Assessment

SPE 420/520 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning, Design & Delivery

SPE 424/524 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Etiology & Origins of LD

SPE 430/530 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructional & Behavioral Prac.

SPE 434/534 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Content Areas: LD

SPE 490/540 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent & Professional Planning

\*All hours you intend to use for licensure must be documented in your education file.

 (Advisor)

Grade level Location Setting / EBD or LD Hours \*Documented?

Elementary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Middle School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\*Licensure Hours Documentation forms for EBD/LD experience are present in the applicant’s file.

Advisor’s initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACEMENT INFORMATION

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all remaining Licensure and Graduation Requirement courses needed and the term you expect to take them:**

|  |  |  |
| --- | --- | --- |
| **Spring 2014 (current classes)** | **Summer 2014** | **Fall 2014 (if approved)** |
|  |  |  |

***Note: It is the student’s responsibility to inform the Student Teacher Placement Coordinator immediately if you fail to complete necessary coursework for any reason.***

**Student Teaching and Working/Coaching**

Because student teaching is a full-time job in itself, the Augsburg College Teacher Education faculty discourages employment and/or coaching during student teaching. Please specify your plans:

**I. COMPLETE THE FOLLOWING SECTION IF YOU WILL BE STUDENT TEACHING AT YOUR WORK SITE:**

Will you be a paid employee in this school during student teaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your principal approved this placement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Work Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensure Area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_Student Population \_\_\_\_\_\_\_\_\_\_\_ # EBD \_\_\_\_\_\_\_\_\_\_\_\_\_\_# LD

**II. COMPLETE THE FOLLOWING SECTION IF YOU NEED TO BE PLACED AT A SCHOOL FOR STUDENT TEACHING:**

Preferred Grade Level:

Elementary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred District(s):

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have family members in any of these districts? Which schools?

Did you attend school in any of these districts? Which schools?

Specific Schools/Teacher Information for Placement Consideration:

#### AUGSBURG STUDENT TEACHING - SIGNATURE PAGE & MISC. INFO.

**IV. Student Teaching Registration**

The required number of student teaching courses varies with individual requirements. Most Special Education student teachers need to register for 2 courses. If a candidate already holds a license, one course is required; if a candidate does not hold a license, two courses are required. If you do not already hold a teaching license, you will also register for SPE 488: Topics: Teacher Performance Assessment and Student Teaching Seminar.

**This application CANNOT be accepted without your Education Department faculty advisor’s signature and your signature.** The Education Departmentadvisor’s signature below indicates that the advisor has reviewed this application with the student for student teaching prerequisites. It is the student’s responsibility to represent their coursework/program and grades accurately. **The student’s signature indicates that all coursework and grades listed in this application are accurate and true.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Augsburg College Education Advisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Student Signature

**AUTHORIZATION BY STUDENT FOR RELEASE OF TRANSCRIPT(S)**

I, the undersigned, hereby authorize the Augsburg College Education Department Chairperson and/or field placement coordinator to forward a copy of my transcript(s) for all courses completed at Augsburg College and/or elsewhere to any school district which might require this record as a prerequisite for consideration of student teaching placement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Student Signature