



**EARLY CHILDHOOD EDUCATION
(Birth to Five Years of Age)
Associates in Arts
STUDENT TEACHING IN PRESCHOOL EDUCATION
APPLICATION FORM**

**Education Department
The Reflective Educator**

Semester _____ Year _____

Personal Data:

Name (last, first, middle, maiden) _____ Date _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Local Phone _____ Message Phone _____ Email _____

Other Assignment Information

Have you been employed or currently are employed at a Topeka Preschool? _____

Do you have any relatives or personal friends employed in any of the preschool programs in Topeka? _____

If "yes" to any of the above questions, please explain.

Is there any other relevant information which should be considered in making your assignment?

Admission Status:

_____ FORMAL ADMISSION. I have received written notice that I have been formally admitted to the Professional Teacher Education Program.

Criminal Activity

- a. Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance or a child?
No _____ Yes _____ Please attach a copy of the court documents regarding conviction.
- b. Have you ever entered into a criminal diversion agreement after being charged with any offense described in question a?
No _____ Yes _____ Please attach a copy of the diversion agreement.
- c. Are criminal charges pending against you in any state involving any of the offenses described in question a?
No _____ Yes _____ Please attach a copy of the court documents regarding your case.
- d. Have you ever had a teacher or school administrator's certificate denied, suspended or revoked in any state?
No _____ Yes _____ Circle the action taken: denied, suspended or revoked. Which state (s) _____?
Please attach a copy of the documents regarding the official action taken.
- e. Is disciplinary action pending against you in any state regarding a teaching or administrator's license or certificate?
No _____ Yes _____ Please attach a copy of the official documents regarding the action pending against you.

Affirmation:

I have read and understand the Department of Education policy statements relating to the Student Teaching in ECE and Preschool Education and agree to follow these policies to the best of my ability. Further, I affirm that all information I have provided in this application is true and correct.

Student Signature _____ Date _____

Recommendations. The student applicant is responsible for obtaining this signature before submitting the completed application to the Department of Education Office.

I have reviewed this application and the academic record of the student. With the satisfactory completion of work in progress, I recommend the student be allowed to enroll in the Student Teaching in ECE and/or Student Teaching in Preschool Education. Any exceptions must be fully explained in an attached memorandum.

Early Childhood Education Advisor _____ Date _____