



STUDENT TEACHING APPLICATION

Fall 20 _____ Spring 20 _____

Education Department

The Reflective Educator

Personal Data

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

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Local Phone (_____) _____ Message Phone (_____) _____

Licensure Area

- | | | | | | |
|---------------------------------|---|------------------------------|---|-----------------------|---|
| Elementary K-6 | — | English/Language Arts (6-12) | — | Art (P - 12) | — |
| Supporting Area: | | Biology (6-12) | — | French (P-12) | — |
| Early Childhood (Brith-Grade 3) | — | Chemistry (6-12) | — | German (P-12) | — |
| English/Language Arts (5-8) | — | History/Government (6-12) | — | Spanish (P-12) | — |
| History Comprehensive (5-8) | — | Mathematics (6-12) | — | General Music (P-12) | — |
| Mathematics (5-8) | — | | | Instrum. Music (P-12) | — |
| Special Education (K-6) | — | | | Vocal Music (P-12) | — |
| | | | | Physical Ed (P-12) | — |

Admission to the Teacher Education Program

I have received written notice that I have been formally admitted to the Teacher Education Program.

— Yes — No

Recommendations. The student is responsible for obtaining this signature before submitting the completed application to the 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 admitted to Student Teaching. Any exceptions must be fully explained in an attached memorandum.

Education Department Advisor _____ Date _____

Major Department Chair Signature (6-12 and P-12 Licenses only) _____ Date _____

District:	<input type="checkbox"/> Topeka USD 501	Grade Level:	1st Choice <input type="checkbox"/>
	<input type="checkbox"/> Seaman USD 345		2nd Choice <input type="checkbox"/>
	<input type="checkbox"/> Shawnee Heights USD 450		3rd Choice <input type="checkbox"/>
	<input type="checkbox"/> Washburn Rural USD 437		
	<input type="checkbox"/> Silver Lake USD 372		
	<input type="checkbox"/> Other (specify) _____		

School:

1st choice _____

2nd choice _____

3rd choice _____

Other Assignment Information

Do you have a child or other relatives attending any of the schools you have identified? If so, what are their names and grade levels?

Do you have relatives or personal friends employed in any of the schools you have identified? If so, what are their names and positions?

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

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 Education Department policy statements relating to Student Teaching and I 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