Student Teaching Application

I have submitted an application to the ASU Educator Preparation Program (EPP).

Yes _____ No _____

I have been accepted into the ASU Educator Preparation Program (EPP).

Yes _____ No _____

First_____ Middle_____ Last_____ Maiden_____

Campus ID#_____

Current Address_____
Street City State Zip

Current Phone_____ Cell Phone_____

ASU Email_____

Permanent Address_____
Street City State Zip

Permanent Phone _____

Alternate Email _____

Expected Graduation Date _____

Catalog Year _____ (See your Degree Evaluation)

Undergraduate _____ Post Baccalaureate _____ C&I Masters _____

Major 1 _____ Minor 1 _____

Major 2 _____ Minor 2 _____

Degree _____ (B.A., B.S., C&I Masters, Other)

Block Only Yes _____ No _____
(Yes if you qualify for a waiver of student teaching)

Check Your Certification Level:

EC6 _____ GEN _____ GEN w/SPED _____

4-8 _____ Teaching Field _____

8-12 _____ Teaching Field _____ Second Teaching Field _____

All Level _____ Field _____ (PE, Drama, Art, Music (band, choir), Modern Language (Spanish, French)

Eligibility Requirements

Current Overall GPA _____

Grades of C or better in the following classes:

HIST 1301 and 1302 Yes _____ No _____ OR POLS 2301 and 2302 Yes _____ No _____

ENG 1301 and 1302 Yes _____ No _____

MATH 1302 or Equivalent Yes _____ No _____

COMM 2301 Yes _____ No _____

Coursework to be completed before/after/during student teaching and when:

Assignment Requests

San Angelo ISD Yes _____ No _____
(You may not request a campus within SAISD)

Outside School District Request (you must list three districts)

(1) _____

(2) _____

(3) _____

Other Requests (explain)

Correspondence/Online Courses

Are you currently enrolled in or planning to enroll in a correspondence or online transfer course(s) this semester or any semester before student teaching? Yes _____ No _____

If yes, please fill out the following:

Course Name(s) and Number(s) _____

Colleges or Universities _____

If required, has your major department approved your correspondence course? Yes _____ No _____

Previous Classroom Experience/Observation:

Please indicate ALL your previous classroom field experiences. Additional volunteer work in the HOST/STARS programs should be noted as well.

Courses	Semester	Campus	Comments

Initial the following:

If approved for student teaching, I am willing to accept and follow the rules and regulations of the public schools in which I am placed. _____

Are you related to anyone currently serving on the school board, in the school district where you have applied to student teach? Yes _____ No _____

If yes:

School Board member's name: _____

School Board member's relationship: _____

Are you related to or closely acquainted with anyone currently employed by the school district where you have applied to student teach?

Yes _____ No _____

If yes, please give the name, campus, and relationship.

Name/Position	**Campus**	**Relationship**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you related to anyone currently enrolled as a student in the school district where you have applied to student teach? Yes _____ No _____

If yes, please give the campus and relationship.

Campus	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Faculty Recommendations:

Pedagogy Recommendation:
Please provide the name, email and department of one faculty member from your Pedagogy coursework (i.e. RDG 4320, ED 4321, ED 4322, or any practicum course).

Name:_____

Email:_____

Department:_____

Content Recommendation:
Please provide the name, email and department of one faculty member from your upper level Content coursework. (from a course in your major)

Name:_____

Email:_____

Department:_____

I agree and understand that the information given by Angelo State University Faculty will be kept confidential from me so that the faculty member will be able to speak freely about my character/disposition. In that regard, I hold them harmless from any civil actions on my part regarding their comments. I waive any right to see the recommendation form at any time. I understand that the information given by an ASU Faculty member will be used to determine the eligibility to student teach at Angelo State University.

Student Signature:_____

Date:_____

Criminal History Information:

Under Texas Civil Statutes, Article 6252-13C, the Commissioner of Education may suspend or revoke a certificate of the State Board of Educator Certification (SBEC). The Commissioner may also refuse to issue a certificate to a person convicted of a felony or misdemeanor crime that directly relates to the duties and responsibilities of the education profession.

Have you ever been convicted of any offense other than a minor traffic violation?

Yes _____ No _____

Personal Information

The following information is needed for the State Board of Educator certificate and is for official use only. This information is protected by the Privacy Act of 1974:

Ethnicity

African American _____ Asian/Pacific Islander _____ Hispanic _____ White, not Hispanic _____
Native American _____ Other _____

Sex Male _____ Female _____

Date of Birth Month _____ Day _____ Year _____

Application Agreement:

I agree the information I have provided throughout this application is correct and complete to the best of my knowledge. I understand all of the information I have provided is maintained by Angelo State University, and I have the right to review and correct the data by contacting the Educator Preparation Information Center (EPI Center).

_____ _____
Signature Date

Questions or comments: