

\_\_\_\_\_ Last Name \_\_\_\_\_ Initials **ASU Clinical Teaching Application**

Yes No I have submitted an application to the ASU Educator Preparation Program.

Yes No I have been accepted into the ASU Educator Preparation Program.

**Contact Information**

First Name:	Permanent Address:
Middle Name:	Permanent City:
Last Name:	Permanent State:
Maiden Name:	Permanent Zip:
Campus ID #:	Cell Phone:
Address:	Alternate Email:
City:	
State:	
Zip:	
Phone:	
ASU E-Mail:	

**Education Information**

Expected Graduation Date: \_\_\_\_\_ Catalog Year: \_\_\_\_\_ (Check your Degree Eval for this)

Certification Route: Undergraduate Degree  
 Post Baccalaureate Certification  
 C & I Masters

BLOCK ONLY	
If qualified for clinical teaching waiver, select yes.	
Yes	No

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_ Degree: \_\_\_\_\_

(BA, BS, C & I Masters)

Minor 1: \_\_\_\_\_ Minor 2: \_\_\_\_\_

**Certification Level**

Choose One & Include Field, if Applicable
EC-6
EC-6 with Special Ed
4-8 Field:
6-12 Field:
7-12 Field:
All Level Field:

## Eligibility Requirements

Cumulative GPA of 2.50/ 2.75 or higher: \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Overall GPA: \_\_\_\_\_

You need a grade of C or Better in the following courses.  
Please indicate your letter grade (A-F) for each.

History 1301: \_\_\_\_\_ History 1302: \_\_\_\_\_ POLS 2301: \_\_\_\_\_ POLS 2302: \_\_\_\_\_  
English 1301: \_\_\_\_\_ English 1302: \_\_\_\_\_ Math 1302 or Equivalent: \_\_\_\_\_  
Communication 2301: \_\_\_\_\_

List all Coursework to Complete before/ during/ after clinical teaching, including what you are currently enrolled in:

Course	Semester

## Assignment Requests

San Angelo ISD: \_\_\_\_\_ Yes \_\_\_\_\_ No

Outside District Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*You may not clinical teach at the High School you graduated from, and you may not clinical teach at a campus where you have relatives and close friends as employees or students.*

## Correspondence Courses

Are you currently enrolled in or planning to enroll in a correspondence course or online transfer course (not at ASU) this semester or any semester before (or during) clinical teaching?

\_\_\_\_\_ No

\_\_\_\_\_ Yes Course Name & Number \_\_\_\_\_ College/ University \_\_\_\_\_

(Attach documentation of approval from your department.)

## Previous Classroom Experience/ Observations

Please indicate ALL your classroom field experiences. Additional volunteer work or tutoring should be included in the comments section. *\*Must have a minimum of 3.*

Course	Semester	Campus	Comments

## Assignment Agreements

**If approved for clinical teaching, I am willing to accept and follow the rules and regulations of the public schools in which I am placed.**  Yes  No

**Are you related to anyone currently serving on the School Board in the school district you have requested to clinical teach?**  Yes  No If no, please read and initial:

**I am not related to anyone currently serving on the Board of Trustees in the school district where I have applied to clinical teach.** Initial \_\_\_\_\_

If yes, please fill out the information requested:

District \_\_\_\_\_

School Board Member Name \_\_\_\_\_

School Board Member Relationship \_\_\_\_\_

**Are you related to anyone employed by the school district where you have requested to clinical teach?**  Yes  No If no, please read and initial:

**I am not related to anyone currently working as an employee for the school district where I have applied to clinical teach.** Initial \_\_\_\_\_

If yes, please fill out the information requested:

District \_\_\_\_\_

School District Employee Position 1 \_\_\_\_\_

School District Employee Campus 1 \_\_\_\_\_

School District Employee Position 2 \_\_\_\_\_

School District Employee Campus 2 \_\_\_\_\_

**Are you related to anyone currently enrolled as a student in the school district where you have requested to clinical teach?** \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please read and initial:

**I am not related to anyone currently enrolled as a student for the school district where I have applied to clinical teach.** Initial \_\_\_\_\_

If yes, please fill out the information requested:

District \_\_\_\_\_

School District Student Campus 1 \_\_\_\_\_

School District Student Relationship 1 \_\_\_\_\_

School District Student Campus 2 \_\_\_\_\_

School District Student Relationship 2 \_\_\_\_\_

### **Criminal History Information**

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **Personal Information**

Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Application Agreement**

By initialing below, 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 School of Education.

Initial \_\_\_\_\_

### **Questions / Comments**

### **Print & Sign Here:**

\_\_\_\_\_