

BIG COUNTRY TEACHERS CENTER
Application for Student Teaching
(Must be typed)

Student Name:

Gender:

Last

First

MI

Phone Number:

Email Address:

Semester/year you will be student teaching:

University:

Student ID Number:

Certification level toward which you are working:

Early Childhood – 6

Generic Special Education

ESL

4-8 Teaching Field(s):

7-12 Teaching Field(s):

EC-12 Teaching Field(s):

Grade(s) at which you would prefer to complete your student teaching: (EC-12 candidates will need to student each at two levels.)

1st Choice:

2nd Choice:

3rd Choice:

District preference(s) for student teaching assignment: (Indicate 1st, 2nd, and 3rd choices)

1st Choice:

Other Region 14 Schools:

2nd Choice:

To be completed by the University director of student teaching:

1st Assignment (subject/field) _____

2nd Assignment (subject/field) _____

STUDENT TEACHING ASSIGNMENT

	Campus	Supervising	Teacher Subject/Grade
1 st Assignment	_____	_____	_____
2 nd Assignment	_____	_____	_____

Signature of university director of student teaching

To be completed by Student

Would you have transportation problems if assigned to some school other than those indicated?

YES NO

If you have a special needs or documentation of file with the Disabilities Resource Office on your campus, please contact your Director of Student Teachers.

Will you observe the guidelines in the Texas Professional Educators' code of Ethics?

YES NO

Do you understand that you must be present and punctual each day during student teaching and that there are no excused absences during this semester?

YES NO

Do you understand that your responsibilities may include participation in the usual duties and activities of your cooperating teacher and/or those assigned by the cooperating teacher and/or University supervisor?

YES NO

Do you have a spouse, parent, brother, sister, or other relative teaching and/or working at any of the districts for which you have indicated a preference?

YES NO

If yes, who? What is he/her position? Which campus?

Have you attended any school(s) in any of the districts for which you have indicated a preference?

YES NO

If yes, which campus(es)?

Do you have children currently attending any schools in any of the districts for which you have indicated a preference?

YES NO

If yes, which campus(es)?

Where did you do your block/capstone placement?

Campus:

Teacher:

Subject:

Grade Level:

This form is to be completed by the student teacher applicant and signed by the university representative.

No student teaching assignment will be approved if the information requested is incomplete.

Student's Signature

Date

STUDENT TEACHER INFORMATION FORM

Name:

Gender:

Home Phone Number:

Email:

Other phone number(s) at which you may be contacted:

University:

Teaching Filed(s):

Will you have more than one placement during the student teaching experience?

YES

NO

Please provide a schedule of your classes, work, and extracurricular activities during the student teaching semester:

Monday

Tuesday

Wednesday

Thursday

Friday

Are there any days/times that you know you will have to be absent from student teaching?

(Please list dates, times, and reason for absence. All absences must be made up before completion of the student teaching semester.)

List any special abilities, hobbies, or interests that might be appropriate to share with the students or might relate to areas of study covered during student teaching:

Signature of student teacher