

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

Student Name:

Gender:

Last

First

MI

Phone Number:

Email Address:

Semester/year you will be clinical 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 clinical teaching: (EC-12 candidates will need to clinical at two levels.)

1st Choice:

2nd Choice:

3rd Choice:

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

1st Choice:

Other Region 14 Schools:

2nd Choice:

FOR SCHOOL DISTRICT USE:

1st Assignment (subject/field) _____

2nd Assignment (subject/field) _____

CLINICAL TEACHING ASSIGNMENT

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

To be completed by Student:

YES NO Would you have transportation problems if assigned to some school other than those indicated?
If you have a special needs or documentation of file with the Disabilities Resource Office on your campus, please contact your Director of Clinical Teachers.

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?

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?

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?
If yes, who? What is this person's position?

Which campus?

Have you attended any school(s) in any of the districts for which you have indicated a preference? 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? If yes, which campus(es)?

Where did you do your block/capstone placement?

Campus: Teacher: Subject: Grade Level:

I confirm all information provided on this form is accurate and complete.

During clinical teaching, I will observe the guidelines in the Texas Professional Educators' Code of Ethics.

Student's Signature

Date

University Representative's Signature

Date

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

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