

NAZARETH UNIVERSITY

Undergraduate Practicum/ Undergraduate Student Teaching Application

The Student Teaching Application Form is for all teacher candidates planning to complete their student teaching professional semester within the next year. It is your responsibility to *review the Student Teaching Information Packet*. In addition, you are responsible for returning the following documents to the Office of Clinical Experiences and Partnerships by the application due date.

Document	Application Due Date
Undergraduate Student Teaching Application & Resume	November 1 st

Please submit the completed application and a copy of your resume to fieldexp@naz.edu.

Undergraduate Practicum and Student Teaching Year <i>(please check one and indicate the year)</i>				
Year: _____	Summer A: Undergraduate Practicum	Fall: Undergraduate Student Teaching		
Certification Level: Initial				
Program <i>(please check one)</i>				
Inclusive Early Childhood/Childhood			Inclusive Adolescence*	
*Teacher candidate's in the Inclusive Adolescence program indicate your content area:				
Biology	Chemistry	Chinese	English	French
Italian	Math	Physics	Social Studies	Spanish

ID#: _____

Name: _____
Last First Middle Maiden

Address where you will be living *during the May/June practicum* (please include City/State/Zip)

Address where you will be *during student teaching* (please include City/State/Zip)

Nazareth Email Address: _____

Telephone Number: _____

1. School district(s) and building(s) where you attended school.

(For Example: Penfield CSD- Scribner Elementary; Greece CSD-Athena Middle School; RCSD- East High School)

2. School district(s) and building(s) where family are attending school (A) or currently employed (E) include relationship: *(For Example: Webster CSD-Klem North-Children (A); Hilton CSD -Quest Elementary-Wife (E))*

3. School district(s) and building(s) where you have volunteered (V), field experiences (FE), internships (I), and/or were employed (E) in some capacity. *(For Example: Brighton-French Roads (FE), Pittsford-Allen's Creek-paraprofessional (E))*

4. Are you bi- or multi-lingual? No Yes If yes, in what language(s)? _____

5. Are you a collegiate athlete? No Yes, If yes, what sport? _____

Approximate Practice Time(s) _____

(This can help me to locate a school whose hours can best meet your athletic schedule.)

6. Are you the recipient of the TOCII grant? No Yes

7. If available, are you interested in student teaching abroad? No Yes
*(Please check yes only if **committed** to going abroad)*

8. Do you wish to share that you have a documented disability that may require specific accommodations that you have acquired through the Office of Student Accessibility Service (SAS)?

No

Yes (if yes, please discuss the specifics in confidence with your Program Director and SAS)

Please note: If you are seeking an accessibility/health request that impacts your placement location, schedule, tasks, or communication (you must contact SAS as soon as possible, but ideally by December for student teaching in Fall and May for student teaching in Spring).

9. Is there any other pertinent information regarding placement requirements?

(Examples: I do not have a license or a car, so I will need to be close to my place of residence to walk or Uber. I have a travel constraint due to childcare requirements. I am interested in being a teacher in an Urban School District)

10. Dates (Semester/Year) you have taken or plan to take the following required courses.

(Please remember these courses **MUST** be completed **before** beginning your student teaching placement)

EDU 475 Health Education, Child Abuse & Violence Prevention _____

EDU 485 Dignity for All Student Act (DASA) Workshop _____

Bloodborne Pathogen Training completed yearly _____

Please note: The Office of Clinical Experiences and Partnerships (OCEP) will review the information above. OCEP will try to coordinate the placement based on the information you have provided; however, OCEP cannot guarantee that we will be able to coordinate your placement based on what you have shared.

11. Tentative dates (Semester/Year) on which you plan to register for the New York State Teacher Exams or the exact date on which you have taken New York State Teacher Exams.

(For additional certification information, please visit the [Teacher Certification Website.](#))

Educating All Students Test (EAS): _____

(The School of Education recommends taking the EAS test before your professional semester.)

Content Specialty Test(s) (CST): _____

(Please consult with your advisor or Program Director for the recommended testing time frame.)

TEACHER CANDIDATE AGREEMENT

Please check each box to indicate that you have read and understood the following.

Student Teaching Information Packet: I have read the *Student Teaching Information Packet* and understand the document's contents as it applies to the student teaching professional semester.

Resume: I understand I must provide a copy of my resume with this application. I understand that I am encouraged to follow the Nazareth University preferred School of Education resume format. (*Please refer to the [Office of Clinical Experience and Partnership website](#) for further information.*)

Prerequisite Requirements: I understand that I must complete EDU 475 Health Education, Child Abuse & Violence Prevention, EDU 485 Dignity for All Students Act (DASA) Workshop, and the annual Bloodborne Pathogen Training before beginning my professional semester. I understand that it is highly recommended that I complete my New York State Fingerprinting before beginning my professional semester.

Student Teaching Professional Semester Eligibility: I understand that my eligibility to enroll in and enroll in and complete my professional semester depends upon the successful and timely completion of all prerequisite courses and paperwork. I understand that approval to enroll in and complete the professional semester is based on satisfactory academic, interpersonal and professional performance, including having and maintaining a 2.7 overall GPA or higher. If I fall below the required 2.7 overall GPA, I understand that I will not be able to do my student teaching. I understand that formal approval must be given by the appropriate program directors, advisors, and department chairpersons.

Documented Disability: I understand I am required to perform the Essential Functions for a Professional Educator, as described in the Guide to Student Teaching. I also recognize that there can be no exemption for performing tasks necessary and required during the professional semester. (Please see the Essential Functions for a Professional Educator in the Guide to Student Teaching).

I understand that if I have a documented disability or other identifiable need and have signed a confidential release of information form, I should discuss the situation in confidence with my Program Director and the Student Accessibilities Services Office. The Program Director and Student Accessibilities Services Office will determine if there is a reasonable accommodation to assist in completing the professional semester and if there may be placement(s) who can support the request. To provide ample time to review my accommodation request, I understand that I must meet with my Program Director and Student Accessibilities Services by the end of the semester in which I submit my application for student teaching (e.g., if I apply for student teaching in the Fall, I must meet with the Program Director and Student Accessibilities Services before the Fall semester ends in December.). If my request is submitted after the deadline, I understand that the Student Accessibilities Services may be unable to support my request as options may be more limited due to the placement process timeframes.

TEACHER CANDIDATE AGREEMENT Continued

Transportation: I understand that I am responsible for providing transportation to and from my assigned schools. I also understand that **I may be required to travel up to one hour each way** in the Greater Rochester Area from the address provided during the application process. I understand that if my address changes between the time my application is submitted and the time placements are made, it is my responsibility to provide the Office of Clinical Experiences and Partnerships with my new address.

Placements: I understand the process by which placements are made and that I am **not** to obtain a placement on my own. I understand that placements are based on many factors and not solely on my personal needs.

NCAA Division III: I understand that as a Nazareth University collegiate athlete, I should notify my education program director of my participation on a sports team. I need to submit a copy of my schedule to my school-based teacher educator (SBTE) and university-based teacher educator (UBTE) before my placement begins. I understand that I am permitted to leave my placement early for games and tournaments only and that these arrangements must be discussed with my SBTE and UBTE in advance. If I miss more than 3 full days, I will be required to make up those days at the end of the semester, regardless of the reason. (Please see the *Teacher Candidate Athletic Policy* in the *Undergraduate Student Teaching Information Packet*)

STUDENT ACKNOWLEDGEMENT

By completing and submitting this Student Teaching Application Form, I agree that:

I have read and understand the information in both the *Undergraduate Student Teaching Application Form* and the *Undergraduate Student Teaching Information Packet*.

It is my responsibility to adhere to policies, procedures, and expectations in these documents and as specified by Nazareth University.

I have asked for clarification as needed and fully understand the student teaching application process and my responsibilities in this process.

Teacher Candidate's Electronic Signature

Date