



Graduate Student Teaching Application

The Graduate ***Student Teaching*** Application Form is for all teacher candidates who are *receiving their initial teaching certification*. 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.

- **Graduate Student Teaching Application**
- **Resume in the preferred School of Education Format**

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

Student Teaching Term and Year				
Fall _____				Spring _____
Certification Level				
Initial				
Program				
Inclusive Early Childhood	Inclusive Childhood	Inclusive Adolescence*	TESOL	
*Students in an Adolescence program indicate your content area				
Social Studies	English	Math	Biology	Chemistry
Physics	Spanish	French	Chinese	Italian

ID#: _____

Name: _____

Last
First
Middle
Maiden

Address during Student Teaching (*please include City/State/Zip*)

Nazareth Email Address- _____

Telephone Number: _____

1. School district(s) and building(s) where you attended school.
(Example: Penfield CSD- Scribner Elementary; Greece CSD-Athena Middle School; RCSD- East High School)

Elementary: _____

Middle: _____

High: _____

2. School district(s) and building(s) where you are/have been employed (E), volunteered (V), or had an internship (I) that was not part of your program. (as applicable)

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

4. School district(s) and building(s) where you have had field experiences include course (For Example: Brighton-French Roads (INCL501; RCSD – School 34 (AED 502)).

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

Would you like to be considered for a placement in a bilingual school? No Yes

6. Did you complete or are you working on any extensions/annotations in your graduate program?

No Yes (If yes, indicate the extension/annotation below)

Bilingual Severe and Multiple Disabilities Gifted & Talented

7. Are you the recipient of the TOC II grant? No Yes

8. Do you wish to share that you have a documented disability, accessibility, or medical concern that may require reasonable accommodations that you will/have acquired through the Office of Student Accessibility Service (SAS)?

No

Yes (If yes, set up a meeting(s) with the Director of the Office of Clinical Experiences and Partnerships to discuss the specifics and determine the next steps.)

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

Example 1: I do not have a license or a car, so I will need to be close to my place of residence to Uber.

Example 2: I have a travel constraint due to childcare requirements.

Example 3: I would like to be an Urban School Teacher.

Example 4: I am planning to complete an internship certificate. (Please specify area(s) and location).

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.

10. Dates (Semester/Year) you have completed or plan to complete the following **prerequisite** requirements.

EDU 583 Health Education, Child Abuse & Violence Prevention _____

EDU 593 Dignity for All Student Act (DASA) Workshop _____

Bloodborne Pathogen Training *completed yearly* _____

New York State Fingerprinting _____

*Please remember these courses **must be completed before** beginning your student teaching placement*

11. Dates (Semester/Year) you have completed or plan to complete the New York State Teacher Exams

Educating All Students Test (EAS) _____

Content Specialty Tests (CSTs)

Multi-Subject CSTs (for development area) _____

(This test has 3 parts) (adolescent, childhood, and early childhood candidates only)

Students with Disabilities CST _____

(adolescent, childhood, and early childhood candidates only)

Certification Content Area CST (i.e. Math, English, ESOL...) _____

(Adolescent, TESOL, Art, and Music candidates only)

See the [Certification Website](#) for details on the suggested time frames for each program.

See the [NYS Teacher Certification Exam Website](#) to register for exams and find test prep materials.

TEACHER CANDIDATE AGREEMENT

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

Resume:

I understand I must provide a resume with this application.

I understand that my resume will be returned if it does not meet the School of Education resume requirement and/or has spelling or formatting errors.

I understand that if my resume is returned, the application will be considered incomplete until I have resubmitted it and it's been approved by the Office of Clinical Experiences and Partnerships.

Prerequisite Requirements

I understand that I must complete the following before beginning student teaching:

- ✓ New York State Fingerprinting
- ✓ EDU 583 Health Education, Child Abuse & Violence Prevention,
- ✓ EDU 593 Dignity for All Students Act (DASA) Workshop, and
- ✓ Bloodborne Pathogen Training (annual)

Student Teaching Eligibility:

I understand that my eligibility to enroll in and complete student teaching is dependent 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 3.0 overall GPA or higher.

- ✓ If I fall below the required 3.0 overall GPA, I understand that I will not be able to do my student teaching.
- ✓ In addition, if I have received a third "C" grade (C or C+) and therefore must retake a course because of this, I understand the course must be retaken before beginning a student teaching placement.
- ✓ I understand that formal approval must be given by the appropriate program directors and advisors.

Placements:

I understand that I am **not** able to obtain a placement on my own.

I understand that placements are determined by a variety of factors, including but not limited to New York State Certification requirements, previous experiences, and the timing of information being submitted.

I understand that while the Office of Clinical Experiences will try to meet my needs during the placement process, not all requests can be honored.

TEACHER CANDIDATE AGREEMENT *continued*

Transportation:

I understand that I am responsible for providing transportation to and from my assigned placement schools.

I understand that my placement will be made within a 1-hour radius of Nazareth University.

I understand that I may be required to travel **up to one hour each way** 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.

- ✓ If a new address is not provided before the placement is made, I may be required to travel more than one hour each way.

Documented Disability:

I understand I am required to perform the Essential Functions for a Professional Educator as described by the School of Education. (Please see the [Essential Functions for a Professional Educator](#)).

I understand that there can be no exemption for performing tasks necessary and required during the professional semester.

I understand that if I have a documented disability, medical concern, or other identifiable need/barrier, I should discuss the situation in confidence with the Director of Clinical Experiences and Partnerships and the Student Accessibilities Services Office.

I understand the Director of the Office of Clinical Experiences and Partnerships 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.

I understand that to provide ample time to review my accommodation request, I must meet with the Director of the Office of Clinical Experiences and Partnerships and Student Accessibilities Services by the end of the semester in which I submit my application for student teaching.

I understand that if my request is submitted after the deadline, Student Accessibilities Services may be unable to support my request as options may be more limited due to the placement process timeframes.

STUDENT ACKNOWLEDGEMENT

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

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

I have asked for clarification as needed and fully understand the student teaching application process and my responsibilities in this process as outlined in the *Graduate Student Teaching Application Form* and the *Graduate Student Teaching Information Packet*.

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

Teacher Candidate's Electronic Signature

Date