

NAZARETH UNIVERSITY
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.

Application Due Dates

Student Teaching/Practicum Semester	Application Due Date
Fall	November 1 st
Spring	March 1 st

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				
Biology	Chemistry	Chinese	English	French
Italian	Math	Physics	Social Studies	Spanish

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.
(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. 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

6. Are you the recipient of the TOC II 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.)

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 taken or plan to take the following required courses.
(Please remember these courses **must be completed before** beginning your student teaching placement)

EDU 583 Health Education, Child Abuse & Violence Prevention _____

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

Bloodborne Pathogen Training completed yearly _____

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

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 *Graduate Student Teaching Information Packet* and understand the contents of that document 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 583 Health Education, Child Abuse & Violence Prevention, EDU 593 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 complete my professional semester 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 prior to beginning a student teaching placement. I understand that formal approval must be given by the appropriate program directors and advisors.

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 and that I may require 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.

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*.

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