

Franciscan University of Steubenville
Student Teaching Application
Clinical Experience

Complete this application and submit to the Education Department office no later than the midterm of the semester before you begin Student Teaching. It is recommended that you retain a copy of your acceptance letter for your Capstone Portfolio.

Check appropriate semester: Fall _____ Year _____ Spring _____ Year _____ Licensure Area _____

1. Name of Student _____ 2. SS# _____

3. School Address _____ 4. Cell Phone/Local Phone _____

5. Home Address _____ 6. Home Phone _____

7. E-mail address _____ 8. Accepted into Teacher Education: Yes _____ No _____

6. Total Credit Hours Completed _____ 10. Resume Approved by Career Planning Office: Yes _____ No _____

11. Date and score of Praxis II: Principles of Learning and Teaching _____

Date _____ Score _____

(If you have not taken the Praxis II tests, please indicate the scheduled date of the tests.)

Specialty Area _____
 (Indicate Area) _____ Date _____ Score _____

Specialty Area _____
 (Indicate Area) _____ Date _____ Score _____

12. Overall QPA _____ Advisor's verification: _____

13. Please list each Early Experience taken. (A minimum of three (3) successful Early Experiences must be taken in licensure area and one including Community Service).

Grade Level	School/Subject	Cooperating Teacher	Final Grade
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1 st Experience			
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2 nd Experience			
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3 rd Experience			
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14. Submit your application to your advisor with the following items:

- a. Two references from professors
- b. Autobiographical Sketch (3 typewritten copies) in a resume form. **These forms will be submitted to your cooperating teacher(s) prior to the beginning of the Student Teaching Experience.**

Suggested Format:

- Name, Address, Local Phone/Cell Phone Number, E-mail Address
- Date and Place of Birth/Sex
- Goals and Objectives
- Family Background
- High School(s) and University(s) Attended
- Extra Curricular Activities
- Talents or Skills
- Special Recognitions/Awards

- Community Service Activities
- c. Classroom Management Model—Indicate your preventative, supportive, and corrective class management principles. It should also indicate expected routines and procedures that are necessary to maintain an effective classroom (**3 copies**). **This model will also be submitted to your cooperating teacher(s).**

NOTE: Capstone portfolios based on INTASC Standards will be assessed and finalized during Student Teaching Seminar.

THE ADVISOR WILL NOT PROCESS THE APPLICATION UNTIL THE APPLICANT PROVIDES ALL THE INFORMATION.

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS:

The Education Department admits students of any race, color, national and ethnic origin, or sex, to all the rights, privileges, programs, and activities generally accorded or made available. It does not discriminate on the basis of race, color, national/ethnic origin, handicap, or sex in administration of its educational policies and admissions policies.

NOTICE OF DUE PROCESS PROCEDURES:

In the event a student feels justified in questioning or appealing a decision made by the department and/or a staff member, the student must adhere to the following procedures:

1. A conference with the instructor (if one is involved)
2. A conference with the Chair and Instructor
3. A joint conference with the Dean and the Chair. At this level, the student may request a member of the Education faculty to attend

The final decision rests with the Chair of the Department.

Should a student violate the sequence herein outlined, his/her complaint shall be considered void.

The following list indicates various technologies that may be used in the classroom or school. Please rate yourself in using the technology assessment.

Technology	Weakness	Satisfactory	Strength
Word processing			
E-mail			
Overhead projector			
Internet resources for lessons			
Internet based lessons			
VCR/DVD			
Educational Software			
Electronic gradebook			
Handhelds (PDA's graphing calculators)			
Powerpoint, Hyperstudio			
Camcorder			
Digital camera			
Scanner			
Videoconferencing, webcam			
Creating webpages			

DO NOT WRITE BELOW THIS LINE

Applicant is _____ is not _____ recommended for Student Teaching*.

Signature of Departmental Advisor Date

Applicant has _____ has not _____ been recommended for Student Teaching.

Dr. Mary K. McVey, Education Department Chair Date

*If not recommended, please state pertinent reasons for the decision.
9/27/06