

Department of Education and Allied Studies  
John Carroll University Teacher Education Program  
Pre- Student Teaching Application  
Revised 10.20.11

**Pre-Student Teaching (PST) Application**

*Submit form to the Licensure Secretary [Room 324] September 23, 2011*

Name:	Address:
Email address:	Telephone (home/cell):
GPA Overall:	GPA/Education:
Anticipated semester of PST ___ Fall ___ Spring, 20___	

Check Licensure Area and indicate all Education courses completed or currently in progress:

**Licensure Area**

- Early Childhood  
 Middle Childhood  
     Integrated Language Arts  
     Integrated Social Studies  
     Mathematics  
     Science  
 Adolescent Young Adult/Multi Age  
Content Area(s) \_\_\_\_\_

**Education Courses completed or in progress**

- |                                     |                                |                                |                                |
|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> ED100      | <input type="checkbox"/> ED253 | <input type="checkbox"/> ED201 | <input type="checkbox"/> ED224 |
| <input type="checkbox"/> ED225/225E | <input type="checkbox"/> ED255 | <input type="checkbox"/> ED325 | <input type="checkbox"/> ED330 |
| <input type="checkbox"/> ED337      |                                |                                |                                |

In the space below list your proposed, semester-by-semester plan (beginning with the pre-student teaching semester) to complete your degree program and licensure requirements. Include summer semesters if necessary. List **all** courses you plan to take each semester.

My advisor ( \_\_\_\_\_ ) has reviewed and approved this plan.

**Biographical Summary-Please email a copy to Lisa Sugar at [lsugar@jcu.edu](mailto:lsugar@jcu.edu)**

Briefly describe (i) why you are pursuing a teaching career, (ii) prior experiences that influenced your decision, and (iii) what you hope to gain from the professional semesters(pre-student teaching and student teaching).

Include the following at the end of your Biographical Summary. Make certain to sign the Biographical Summary before it is turned in.

Permission is hereby granted to send this information along with an academic audit or transcript to professional staff of a school system on a "need to know" basis.

\_\_\_\_\_  
Signature of candidate

\_\_\_\_\_  
Date

**Placement information – EC, MC, AYA, or MA (please circle content area)**

Locations of Placement for current/prior courses:

ED 100: \_\_\_\_\_

ED 225/225E: \_\_\_\_\_

ED 325: \_\_\_\_\_

ED 330: \_\_\_\_\_

ED 337: \_\_\_\_\_

Listed below are the School Districts that we will be placing Pre-Student teachers. Please rank in order (1-7) your preference of where you would like to be placed.

- \_\_\_\_\_ Cleveland Heights-University Heights
- \_\_\_\_\_ Euclid
- \_\_\_\_\_ Shaker Heights
- \_\_\_\_\_ Beachwood
- \_\_\_\_\_ Orange
- \_\_\_\_\_ Mayfield
- \_\_\_\_\_ Catholic/Private \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
email address

\_\_\_\_\_  
Local Address