

The University of Tennessee at Chattanooga
College of Health, Education, and Professional Studies
Teacher Preparation Academy

APPLICATION FOR
STUDENT TEACHING OR INDUCTION EXPERIENCE

_____ Undergraduate _____ Post-baccalaureate _____ Graduate
Semester _____ Year _____

DEADLINES FOR APPLICATIONS

Fall semester: Preceding March 1st

Spring semester: Preceding September 1st

EVEN IF YOU HAVE NOT COMPLETED ALL THE REQUIREMENTS YET, YOU MUST STILL SUBMIT THIS APPLICATION BY THE DEADLINES.

FINGERPRINTING

The State of Tennessee and the UTC Teacher Education Program require you to undergo a fingerprint-based background check prior to any field experiences including student teaching, and prior to entry in to the Teacher Education Program. Instructions on how to complete this requirement are on the TPA website in the category of "fingerprinting." You can apply for student teaching, but you cannot register or receive a placement until you have provided documentation of the completion of fingerprinting. Please answer the questions below:

- 1. Have you completed fingerprinting? Yes ___ No ___*
- 2. Is this documentation on file with Sandra Jones in TPA office? Yes ___ No ___*

CHECKPOINTS

If you fall under the checkpoints you can apply for student teaching, but you cannot register or receive a placement until you have provided documentation of the completion and passing of all required PRAXIS II tests. Checkpoints apply as follows:

UNDERGRADUATES/ POST BACCALAUREATES/ NON-DEGREE STUDENTS

If you completed EDUC 201 in the fall of 2004 or later, you are under the checkpoints.

GRADUATE STUDENTS

If you completed EDUC 520 in the fall of 2006 or later, you are under the checkpoints.

- Are you under the checkpoints? Yes ___ No ___*
- Have you taken and passed all your licensure-required PRAXIS exams? Yes ___ No ___*
- Have you submitted your scores to the TEP Certification Officer? Yes ___ No ___*

APPLICATION

Name (Last name first) _____

Former last name(s) _____ UTC ID _____

Address during student teaching _____

If you participated in the PDS I Program, please list site _____

PROVIDE THE FOLLOWING AS IT APPLIES DURING YOUR STUDENT TEACHING

Your phone numbers (include area codes) home _____ cell _____

UTC e-mail address (you will only be contacted by UTC e-mail) _____

Please check your area of licensure:

<u>Elementary/Middle</u>	<u>Secondary 7-12</u>	<u>K-12</u>
<input type="checkbox"/> Early Childhood Pre K 3	<input type="checkbox"/> English	<input type="checkbox"/> Exc Learning Spec Ed
<input type="checkbox"/> Middle grades 4-8	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Health Promotion
Concentration _____	<input type="checkbox"/> Earth Science	<input type="checkbox"/> Exercise Science
Emphasis _____	<input type="checkbox"/> Biology	<input type="checkbox"/> K-12 Health/ Ex Sci
	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Art
	<input type="checkbox"/> Physics	<input type="checkbox"/> Theatre
	<input type="checkbox"/> Economics	<input type="checkbox"/> Music
	<input type="checkbox"/> Geography	<input type="checkbox"/> Vocal
	<input type="checkbox"/> Government	<input type="checkbox"/> Instrumental
	<input type="checkbox"/> History	
	<input type="checkbox"/> French	
	<input type="checkbox"/> Latin	
	<input type="checkbox"/> Spanish	

List schools in which you should not be placed because of relatives on the staff or in the student body: _____

Attach a separate sheet explaining any special circumstances or needs pertaining to your student teaching.

ADVISOR'S APPROVAL

In my judgment, this student will be able to fulfill all prerequisites and be eligible for student teaching in the semester indicated.

Advisor's Signature _____ Date _____

Comments _____

SUBMIT A CURRENT RAP SHEET AND UP TO DATE COURSE PROGRAM CHECKSHEET W/THIS APPLICATION. YOU MUST NOTIFY THE TEP OFFICE IN WRITING IF . . .

- ✓ you change your name, address, or phone number
- ✓ semester in which you want to student teach changes or you decide not to student teach

STATEMENT OF COMPLIANCE

- The information provided in this application is accurate; I understand that intentional misinformation is grounds for removal from student teaching.
- I understand that I am required to attend all student teaching meetings.
- I understand that if I fall under the checkpoints as described previously in this application, passing scores on all of my required PRAXIS tests must be received in the TEP Certification office before I can receive a student teaching placement.
- I understand that if I do not fall under the checkpoints all Praxis II requirements must be completed before a passing grade can be recorded for student teaching.
- I understand that if I fail to complete all prerequisites, I will not be eligible for student teaching.

Signature of Applicant _____ Date _____

APPLICATION SHOULD BE RETURNED TO

University of Tennessee at Chattanooga	Teacher Education Program Hunter 201B, Dept. 4154 615 McCallie Avenue Chattanooga, TN 37403	Field Placement Coordinator
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