Student Teaching Application Guidelines for Graduate MAT Candidates

- Submit fully completed and signed application materials as described on the application and retain these guidelines for your reference.

- If you are employed in the school or district where you plan to complete student teaching, please submit a completed and signed Employment and Placement Confirmation form with your application materials (form is included in this packet).
  
  **Note:** Your request to be placed at the school where you are employed will be pursued ONLY if this signed form is submitted as part of your application packet.

- Make a copy of the completed application packet for your records before submitting it to the Office of Field and Clinical Experiences.

- Only complete application packets (including all checked boxes and signatures) submitted by published deadlines will be accepted and processed. **Late applications, that is, applications submitted after the deadline, will not be accepted or processed.**

- North Carolina Department of Public Instruction’s Health Certificate must be submitted to assigned school prior to beginning student teaching.

- Proof of current professional liability insurance must be emailed to ofce@wssu.edu by the time application materials are submitted. One of the following options may be used to obtain liability insurance:
  - Student North Carolina National Association of Educators [https://www.nea.org/JoinNea](https://www.nea.org/JoinNea)
  - Specialty area professional organization
  - Place of employment

- Criminal Background Check (CBC) report from [Castlebranch.com](http://www.castlebranch.com) obtained within six months of the start of student teaching (See background check guidelines contained in this application packet).

- If a candidate does not successfully complete student teaching or drops out of student teaching for any reason, that candidate will be required to reapply for placement and meet all application requirements and deadlines for any subsequent placement.
Employment and Placement Confirmation Form

Important Note: A fully completed and signed form must be submitted by students who wish to do early field experiences, preclinical, or student teaching in classrooms or schools in which they are employed.

Name: ________________________________  Major: __________________________

Banner ID: ____________________________  Semester: _______________________  Year: ____________

Phone: ______________________________  Rams Email: __________________________

Type of Experience Sought
(Check all appropriate boxes)

☐ Course-related early field experiences
☐ Preclinical
☐ Student Teaching

Employing District and School:

Position during field experience:

Grade(s) taught: __________________________  Subject(s) taught: __________________________

Major/License Area:

Field Experience Course(s):

Principal’s/Director’s Information:

Name: ____________________________  Phone Number: __________________________
Email: __________________________

Cooperating Teacher’s Information:

Name: ____________________________  Phone Number: __________________________
Email: __________________________

Principal’s/Director’s Approval:

I permit ____________________________ to use his/her classroom to fulfill requirements for early field experiences, preclinical, or student teaching as outlined above and in accordance with program guidelines and expectations described in the Field Experiences, Preclinical and Student Teaching Handbook. I also certify that the candidate has a clear health record, background check, and liability insurance (as applicable) on file (Please cross out those documents that you are not able to verify).

Principal’s/Director’s Signature: ____________________________  Date: ____________

Cooperating Teacher Approval (Preclinical and Student Teaching Only):

I permit ____________________________ to complete early field experiences, preclinical or student teaching in my classroom where s/he is employed. I agree to allow him/her to assume teaching responsibilities as outlined in his/her program and in accordance with guidelines described in the Field Experiences, Preclinical and Student Teaching Handbook.

Cooperating Teacher’s Signature: ____________________________  Date: ____________

Student Approval:

I wish to complete early field experiences, preclinical, or student teaching (circle all that apply) in the classroom where I am employed. I have secured the necessary approvals above.

Student’s Signature: ____________________________  Date: ____________
CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

**Order Summary**

- **Required Personal Information**
  - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

- **Payment Information**
  - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

**Place Your Order**

Go to: [www.castlebranch.com](http://www.castlebranch.com) and click on “Students” then enter package code: WC50

You will then be directed to set up your CertifiedProfile account.

**View Your Results**

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your results online with their unique username and password.

If you have any additional questions, please contact Student Support by Phone (888) 914-7279 or Email: studentservices@certifiedprofile.com.
TEACHER EDUCATION
Student Teaching Application for Graduate MAT Candidates

Pre-requisites: Completion of required courses
Faculty Advisor and Program Coordinator Approval

Directions: Submit the following to the Office of Field and Clinical Experiences according to the dates below:
- Completed and signed application packet
- Educational resume (Visit Career Services for assistance in generating a professional resume -- 301 Thompson; 336-750-3240)
- Criminal Background Check Report from Castlebranch.com (obtained within 6 months of the start of the experience). Detailed explanation of any incidents appearing on the report must accompany submitted application.

<table>
<thead>
<tr>
<th>Student Teaching Semester</th>
<th>Application Deadline</th>
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<tbody>
<tr>
<td>Fall</td>
<td>March 30th of the preceding spring semester</td>
</tr>
<tr>
<td>Spring</td>
<td>October 15th of the preceding fall semester</td>
</tr>
</tbody>
</table>

GRADUATE MAT STUDENT TEACHING APPLICATION CHECKLIST

Information to Be Verified by Faculty Advisor

☐ Completion of required courses (Candidate provides unofficial transcript and program plan to faculty advisor)
☐ Minimum 3.0 cumulative G.P.A.
☐ Minimum 3.0 cumulative G.P.A. each semester since admission
☐ Candidate on schedule to complete student teaching next semester
☐ No grades of “I” in required courses for licensure
☐ Faculty advisor approval for student teaching placement

Documents to Be Submitted by Teacher Candidate to the Office of Field and Clinical Experiences

☐ Word-processed Student Teaching Checklist (this form)
☐ Word-processed hard copy of Student Teaching Application
☐ Word-processed hard copy of educational resume
☐ Proof of current professional liability insurance coverage (emailed to ofce@wssu.edu by application deadline)
☐ Criminal background check report from Castlebranch.com (Incidents appearing on report may affect a school’s/district’s willingness to host a candidate and/or the candidate’s eligibility for a teaching license. Detailed explanation of any incidents appearing on the report must be submitted with application and will be shared with school/district as part of the placement request process.)

Candidate’s Signature: ___________________________ Date: __________
Faculty Advisor’s Signature: ______________________ Date: __________

DO NOT WRITE BELOW THIS LINE

Action Taken by Office of Field and Clinical Experiences

☐ Eligible for Student Teaching Placement ☐ Not eligible for Student Teaching Placement

Signature of Director of Field and Clinical Experiences: ___________________________ Date: __________
MAT Student Teaching Application

Name: ___________________________ Banner ID#: ___________________________

Local Address
(Street) ___________________________ (Home) ___________________________
(City/State/Zip) ___________________________ (Cell) ___________________________
(Email) ___________________________

Telephone Numbers

School District/Zone in which I live: ___________________________

School my children attend (if applicable): ___________________________

Faculty Advisor: ___________________________

Major ___________________________

Overall GPA: ___________________________ Major GPA: ___________________________

Licensure-Only students: indicate area(s) of licensure: ___________________________

I am requesting to be placed for student teaching during the following year and semester:

Year: ___________________________ (Choose One): Fall ___________ Spring ___________

Grades Preferred: 1st Choice ___________________________ 2nd Choice ___________________________ 3rd Choice ___________________________

(but not guaranteed)

I plan to complete student teaching in ___________________________ in grade(s)/subject(s) ___________________________

my place of employment at ___________________________

(Submit fully completed and signed Employment & Placement Confirmation Form)

I have met ALL student teaching application requirements (Check One): ☐ Yes ☐ No

In the grid below, list all courses you have left to take to successfully complete the licensure component of your program of study:

<table>
<thead>
<tr>
<th>Semester Prior to Student Teaching</th>
<th>Final/Student Teaching Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>Course # &amp; Prefix:</td>
<td>Course # &amp; Prefix:</td>
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<td>Course # &amp; Prefix:</td>
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</tbody>
</table>

A professor or Program Coordinator may recommend placement schools for individual candidates to the Office of Field and Clinical Experiences.

Signature of Student: ___________________________ Date: __________

Signature of Faculty Advisor: ___________________________ Date: __________

Signature of Program Coordinator: ___________________________ Date: __________