| **SUBMIT TYPED** | | | | | | | | **STUDENT TEACHING APPLICATION** | | | | | | | | | | **08/08/2017** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | | | First Name: | | | | | M. I.: | | Banner ID: Y00 | | | | | | | | | Semester of ST: | | | | |
| Address where you wish to receive student teaching mail. | | | | | | | | | | | Have you taken classes in your major in the last year? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Yes | | No | | If no, check with an advisor for possible program changes | | | | | | | | | | | |
| Street: | | | | | | | | | | |  | |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | Have you graduated without licensure | | | | | | | | | | | Yes | | | | No |
| City: | | | State: | | | | | | | Zip: | If yes, semester | | | | | | | | | year | | | | | | |
|  | | | | | | | | | | | **STUDENT TEACHING AREA** | | | | | | | | | | | | | | | |
| YSU email address:       @student.ysu.edu | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | EARLY CHILDHOOD | | | | | | | | | | SPED M/I M/M | | | | | |
| Cell phone: | | | | | Home phone: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | MCE | | Math | | | | | | | | Science | | | | | |
| School district of residence: | | | | | | | | | | |  | | Language Arts | | | | | | | | Social Studies | | | | | |
| Graduated from: | | | | | | | | | | | AYA | | Integ. Lang. Arts | | | | | | | | Integ. Math | | | | | |
|  | | (High School) | | | | | | |  | |  | | Integ. Science | | | | | | | | Integ. Social Studies | | | | | |
| **PREVIOUS FIELD EXPERIENCE** | | | | | | | | | | | MULTI | | Health/PE | | | | | | | | Italian | | | | | |
| List the schools and grade levels where you will or have completed the following field experiences: | | | | | | | | | | |  | | Spanish | | | | | | | | Music | | | |  | |
|  | | | | | | | | | | |  | | Visual Arts | | | | | | | |  | | | |  | |
| FOUN 1501: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | In which county would you prefer to do your student teaching?  (Check one please) | | | | | | | | | | | | | | | |
| Preclinicals: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Ashtabula | | | | | | Columbiana | | | | | | | Mahoning | | |
| Other field experience: | | | | | | | | | | | Trumbull | | | | | | Lawrence | | | | | | | Mercer | | |
|  | | | | | | | | | | | Out of Area (contact Mrs. Kightlinger ASAP) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | Out of area placement may require more intensive background check – student’s responsibility. | | | | | | | | | | | | | |
| What close friends/relatives are teachers or engaged in professional education activities? | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
| Name/Relationship | | | | Type of Position/District | | | | | | | Would placement in a Parochial school be a preference? | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | Yes | No | | | | | | Not concerned | | | | | | | |
|  | | | |  | | | | | | | I will be working | | | | | | | | hours during student teaching. | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
|  | Please read each statement below, check the box, and sign.  I understand the student teaching semester will require mandatory attendance at orientation sessions the week prior to the semester starting. Plan accordingly | | | | | | | | | | Family circumstances which may impact student teaching | | | | | | | | | | | | | | | |
|  | I understand that student teaching information will be sent through YSU email but I still have a responsibility to inform the Student Teaching office, in writing, of address or phone changes. | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | I also understand my fingerprinting results may be shared with district(s) requiring this information. | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **OAE TEST(S) INFORMATION** | | | | | | | | | | | | | | | |
|  | I understand I am not permitted to secure my own student teaching placement through a school district; the administrator of Student Field Experiences is responsible for my student teaching placement. In the event the Administrator of Student Field Experiences is notified that I was inquiring to secure my own placement within a district, my participation in the student teaching experience may be delayed. | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | I have passed | | | APK | | | | | | | content test(s) | | | | | |
|  |  | | | | | | | | | | I have passed | | | APK, first try | | | | | | | content test(s), first try | | | | | |
|  |  | | | | | | | | | | I will be taking my test(s) on: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **This section for Office use only** | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | **UD STATUS** | | | | | **OAE Test(s)** | | | | | | | **GPA** | | | |
| \* | All student teachers are required to complete and submit a  Teacher Performance Assessment (TPA). The TPA will be scored (at a cost to the student teacher - $300 maximum) by external evaluators who will determine passage. | | | | | | | | | | Date admitted: | | | | | APK: | | | | | | | Overall: | | | |
|  |  | | | | | | | | | |  | | | | | Content: | | | | | | | Prof. Ed: | | | |
|  |  | | | | | | | | | | Modules: | | | | | Content: | | | | | | | Content: | | | |
|  |  | | | | | | | | | |  | | | | | Reading: | | | | | | | Content: | | | |
| Signature: | | | | | | | | | | |  | | | | |  | | | | | | |  | | | |