**

*Special and Early Childhood Education*

*815-753-9034*

 **Application for Early Childhood Education Student Teaching**

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| ***DEMOGRAPHIC INFORMATION*** |
|  |  |  |  | [ ]  Fall [ ]  Spring Year:  |  |  |
| Student Name |  | Program  |  | Student Teaching Semester & Year |  | Z-ID |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | [ ]  Undergraduate [ ]  Graduate  |
| Telephone  |  | NIU Email |  | Level of Program |

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| --- |
| Please note that the Placement Office will *attempt* to place you in a district within **60 miles** of your residence. Transportation is not provided. |
|  |  |  |  |  |
| Home Address |  | City |  | Zip |
|  |  |  |  |  |
| NIU Address  |  | City |  | Zip  |
|  |
| At what address will you reside during your student teaching semester? (NIU Or Home)  |
| ***PLACEMENT PREFERENCES*** |
| [ ]  No preference [ ] Special Education [ ] Bilingual  |
| Check any preferences |
| Are you interested in a primary level early clinical into student teaching rotation model? [ ]  Yes [ ]  No |
| ***As An Early Childhood Education Student Teacher, I Understand That:***  |
| \_\_\_\_\_\_\_ Transportation to my site is my responsibility. \_\_\_\_\_\_\_ The Clinical Office will do its best to place me as close as possible to my student teaching residence, but they make no guarantees.  \_\_\_\_\_\_ My application will not be processed until all the paperwork is completed and submitted to the SEED clinical office by the designated date.\_\_\_\_\_\_\_ It is my responsibility to have a current TB test and a signed Transcript Release form on file.\_\_\_\_\_ It is my responsibility to have my Early Childhood Content Test passed by November 1st for spring student teaching (undergraduate and graduate candidates) or April 1st for fall student teaching (graduate candidates only).\_\_\_\_\_\_\_ I must attend the mandatory Student Teacher Orientation meeting prior to student teaching. Emails will be sent out by the clinical office with the date and time of the meeting.\_\_\_\_\_\_\_ If I change my name, address, or my plans for student teaching, I must notify the clinical office within 120 days prior to student teaching starting. If I do not meet the deadline, then the clinical office will not guarantee placement changes. \_\_\_\_\_\_\_ I must notify the Clinical Office immediately if I am placed in a building or district where I have a person tie/association. \_\_\_\_\_\_\_ It is my responsibility to complete a criminal background check through my district / school.\_\_\_\_\_\_\_ It is my responsibility to get a physical examination (current within 90 days) and submit proof of that exam to my district / school. |
|  |  |  |  |  |
| Student Printed Name  |  | Date |  | Signature of Student Teaching Applicant |