**

*Special and Early Childhood Education*

*815-753-9034*

**Application for Early Childhood Education Student Teaching**

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |