

APPLICATION FOR MAT PRACTICUM: ASU Department of Teacher Education

Step 1: Print this application.

Step 2: Complete pages 1-4. The application (in hard copy) must be submitted to the Practicum Coordinator (Kelly Farmer) the semester preceding the practicum (no later than March 1st for a fall placement and October 1st for a spring placement). Late applications will not be accepted. Incomplete applications will not be accepted. You do *not* need to meet with your advisor prior to submitting your application.

Step 3: Please be advised graduation applications are also due the semester prior to graduation. Turn in your completed graduation application along with your practicum application.

IMPORTANT REMINDERS: Students must have completed all 300 hours of field experience prior to practicum (if admitted during or after Fall 2008). Students are required to complete all course work **PRIOR** to their practicum. However, (with approval) students are allowed to take a maximum of 6 hours while completing their practicum. Students must complete their practicum in their area of certification.

SECTION I: To be completed by student

Practicum Semester (Circle semester AND enter year): Fall _____ Spring _____

Name: _____ 927 _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

ASU email address _____ Semester/Year Admitted to Program _____

Circle Certification: Early Childhood Middle Secondary P-12 (Music/Foreign Language)

If Middle, Secondary, or P-12, identify area(s) of concentration

Advisor's Name _____

List ALL outstanding requirements below and the semester you plan to complete them.

Current Semester/Year	Semester/Year
_____	_____
_____	_____
_____	_____

SECTION II: Placement Options

Option 1

___ I am employed as a teacher or paraprofessional (circle one) _____ School **
in _____ grade under the supervision of _____ and
request permission to complete my practicum at this location.
Certified Teacher/Mentor Teacher

If employed as a full-time teacher or paraprofessional, you must secure the approval and signature of your principal to complete your practicum in that school. You must notify the Practicum Coordinator and your advisor immediately if your employment status changes.

****The school must be within 50 miles of ASU.**

To be completed by school administrator: I am aware that this teacher or paraprofessional intends to complete their practicum at my school Fall or Spring (circle one) semester of 20___. I agree to observe them at least one time during their practicum and will assign a suitable mentor to them.

I further agree to alert the Department of Teacher Education if any problems or issues arise.

Principal's Signature _____ Date _____

School _____

Option 2

___ I need a placement for my practicum. I understand that I will be informed of my placement via letter approximately one month before my practicum begins. I agree to notify the Practicum Coordinator and my advisor immediately if I am employed in a school prior to beginning my practicum.

In which county do you prefer to complete your practicum? _____

Note: It may not be possible to honor county preference.

List all schools in which your children/relatives presently attend/work. _____

SECTION III: To be completed by student (PLEASE INITIAL!)

____ **I have tort liability insurance and have attached a copy of proof of coverage to this application.** (Applications for SPAGE or SGAE are available online at www.pagefoundation.org or www.gae.org. Make sure your expiration date **continues through the duration of your practicum.**)

____ **I have completed the Background Investigation Questionnaire and Release Form and it is attached to this application.**

____ I am also turning in a completed **Graduation Application** with this document.

____ **I understand I must take and pass the GACE content area test(s) for my certification area prior to applying for certification.**

____ I have a cumulative GPA of at least 3.0 on all MAT course work.

____ I will have completed all course work in my program (after this semester) OR I only 6 hours left in program after this semester.

____ I have successfully completed EDTD 6364 (Classroom Management) and EDTD 6491 (Integrated Curriculum).

____ **If I was admitted Fall 2008 or after, I have successfully completed my 300 hours of field experience and have submitted documentation to the Department of Teacher Education.**

____ I am aware that the practicum experience consists of attending school a total of 75 full school days. I understand the importance of attendance and punctuality in teaching. During practicum, there are no excused absences and all days missed must be made up. I also understand that I will be removed from my practicum with a WF if I miss more than 4 days.

____ I understand I will be removed from my practicum if I am teaching outside my certification field and area.

____ I understand that if I fail practicum with an F or WF, ASU may or may not be able to secure another placement for practicum (the next semester). I further understand that if I make a WF or F in my practicum twice, ASU will not attempt to make another placement for me.

Applicant's Name _____

Applicant's Signature _____ **Date** _____

***Advisor's Signature** _____ **Date** _____

*** Will be signed after submission.** Advisor: Your signature indicates you have carefully checked all items in this application and approve for this student to be placed for Practicum.

Revised 9/18/09 jhw/khf

AUGUSTA STATE UNIVERSITY
BACKGROUND INVESTIGATION QUESTIONNAIRE AND RELEASE FORM
CONFIDENTIAL-- DEPARTMENT: College of Education

I understand that this form will be kept separately from my student file and that the information regarding my date of birth, place of birth, and listed physical characteristics will not be kept in my student file. I further understand that the enrollment decision will be made based on my qualifications, employment record, and police record as related to the requirements of the position for which I am being considered.

PLEASE PRINT

NAME: _____
 LAST **FIRST** **MIDDLE**

Other names used: (maiden name, name by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Please specify which and show dates used.)

Driver's License Number: _____ **Social Security Number:** _____

927 number _____

Address: _____ **Phone Number:** _____
 Street **City** **State** **Zip**

Sex _____ **Race** _____ **Height** _____ **Weight** _____ **Eye Color** _____ **Hair Color** _____

Date of Birth _____ **Place of Birth** _____

Do not include anything that happened before your seventeenth birthday. Do not include minor traffic violations for which a fine of \$100.00 or less was imposed. All other convictions must be included even if they were pardoned. (Pleas of nolo should be included.)

Have you ever been convicted of a misdemeanor _____ or a felony? _____
If yes to either one or both list all convictions to include date, location, and agency involved.

Special Employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

I hereby authorize **Augusta State University** to receive any criminal history record information pertaining to me which may be in the files of any local, state, or federal agency on this date or anytime during my enrollment. I understand this authorization is valid for one year from the date of my signature.

I, _____, attest that the information furnished by me in the foregoing form is true and correct this _____ day of _____, 20____.

Legal Signature