

<b>For Office Use Only</b>
Date Received/ GA Initial:
KF:
Advisor:                      Field Experience:
Spreadsheet/Date Entered:
Notes:

**APPLICATION FOR MAT PRACTICUM: COLLEGE OF EDUCATION**

**Step 1:** Print this application.

**Step 2:** Complete pages 1-3. If *employed*, have your Mentor Teacher complete page 4 and submit all 4 pages at the same time. The application (in hard copy) must be submitted to the Practicum Coordinator (Kelly Farmer) the semester preceding the practicum (no later than **March 1<sup>st</sup>** for a fall placement and **October 1<sup>st</sup>** for a spring placement). Late applications will not be accepted. Incomplete applications will not be accepted. You 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 to your advisor before submitting your practicum application.

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

**SECTION I: To be completed by Teacher Candidate**

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

This is the (**first, second**) time I have applied for practicum. If it is the second time, what semester did you apply the first time? \_\_\_\_\_ What were the circumstances of your withdrawal? \_\_\_\_\_

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/Health/PE/SPED)  
\*See page 4 of application.

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:** Note: If employed, have your Mentor Teacher complete page 4 and submit all 4 pages of the application at the same time.

**Option 1**

     I, \_\_\_\_\_ am employed as a **teacher or paraprofessional (circle one)** at  
(Print Full Name) \_\_\_\_\_ School \*\* in \_\_\_\_\_ grade under the supervision of  
\_\_\_\_\_ and request permission to complete my  
\_\_\_\_\_  
\*(Certified Teacher/Mentor Teacher)

practicum at this location. **Note: \*\*The school must be within 50 miles of ASU.**

**\*Note:** Your Mentor Teacher must fill out the *Mentor Teacher Application* attached to this form and complete the online training found at [http://www.aug.edu/teacher\\_development/master-mentor-training.htm](http://www.aug.edu/teacher_development/master-mentor-training.htm) **prior to the practicum application due date.** Stipends cannot be dispersed to Mentor Teachers that have not completed the attached application **and** the online testing. It is your responsibility to attach the **completed Mentor Teacher Application** with your Practicum application. **Note: Employed SPED applicants must have their Mentor Teacher approved by the SPED department (Contact: Dr. Alice Pollingue at [apolling@aug.edu](mailto:apolling@aug.edu)).**

**\*Mentor Teacher Requirements:**

- 1) Mentor Teacher must hold a valid GA or SC teaching certificate.
- 2) Mentor Teacher must have a minimum of three years' successful teaching experience.
- 3) Mentor Teacher must be approved by the Principal of employed Teacher Candidate.

     I have received credit for the following field experiences (**Note the setting and grade/age level you worked with**): \_\_\_\_\_

**Note:** 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.

**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 have assigned a suitable mentor to them. I approve the Mentor Teacher assigned above to the Teacher Candidate.

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

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Building Coordinator Signature (if applicable)** \_\_\_\_\_ **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.

     I have received credit for the following field experiences (**Note the setting and grade/age level you worked with**): \_\_\_\_\_

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. During your practicum semester, will there be any children/relatives who attend or work in any school we partner with? If so, provide name of school and grade level or position (if an employee). \_\_\_\_\_

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**SECTION III: To be completed by Teacher Candidate (PLEASE INITIAL!)**

- \_\_\_ I have submitted my *tort liability* insurance to the College of Education Dean's office (Charlene Blankenship). **\*Make sure your expiration date continues through the duration of your practicum.**
- \_\_\_ I have submitted the *Background Investigation Questionnaire and Release Form* to the College of Education Dean's Office (Julie Gray) by fall (October 1<sup>st</sup>) and Spring (March 1<sup>st</sup>) due dates. Background Check Link: [http://www.aug.edu/teacher\\_certification/forms/BackgroundCheck\\_EDUC\\_students.pdf](http://www.aug.edu/teacher_certification/forms/BackgroundCheck_EDUC_students.pdf)  
Certification Link: [http://www.aug.edu/teacher\\_certification/](http://www.aug.edu/teacher_certification/)
- \_\_\_ I have turned in my completed **Graduation Application** to my advisor.
- \_\_\_ I understand I must take and pass the GACE content area test(s) for my certification area prior to applying for certification. If I have not taken and passed the test(s), I plan to take \_\_\_\_\_ test(s) on \_\_\_\_\_ (date).  
**\*\*Attach proof of passing scores or proof of test registration.**
- \_\_\_ 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 have 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 (circle one) **have successfully completed or will submit** by the stated deadline my 300 hours of field experience and have submitted documentation to the MAT advisor (Department of Teacher Education). For Fall Practicum, field experience hours are due no later than **July 15<sup>th</sup>**. For Spring Practicum, field hours are due no later than **December 1<sup>st</sup>**.  
**\*\*I understand I will be dropped from practicum if this requirement is not fulfilled by the stated deadline.**
- \_\_\_ 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 W (before midterm) or a WF (after midterm) 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 withdraw from or fail practicum with a W, WF, F or U, ASU may or may not be able to secure another placement for practicum (the next semester). I further understand that if I make a W, WF, F or U in my practicum twice, ASU will not attempt to make another placement for me.
- \_\_\_ I have attached the **completed** *Mentor Teacher Application* to this submission if I am *employed*.

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 this Teacher Candidate to be placed for Practicum.

**Augusta State University  
College of Education  
Mentor Teacher Application**

**\*If employed, have your Mentor Teacher complete page 4 and you need to submit all 4 pages of the application at the same time.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address                      City                      State                      Zip

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street address                      City                      State                      Zip

School Phone: \_\_\_\_\_ Certificate type/Expiration Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subjects Currently Teaching: \_\_\_\_\_

Teaching Experiences prior to the current academic year: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Educational Background (please list degrees, institutions, and year degrees were received): \_\_\_\_\_  
 \_\_\_\_\_

Do you have TSS Endorsement: yes no

If yes, when and where did the training take place? \_\_\_\_\_  
 \_\_\_\_\_

Have you supervised student teachers? If so, from what institutions? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever supervised a lab student? If so, from what institutions? \_\_\_\_\_  
 \_\_\_\_\_

Name of the Teacher Candidate you will be supervising: \_\_\_\_\_

Name of the school: \_\_\_\_\_

Please note the semester and year when you will be supervising an ASU Teacher Candidate.

**Semester** (Fall/Spring) **Year**: \_\_\_\_\_

**Note:** As a Mentor Teacher, you are required to complete our online training found at [http://www.aug.edu/teacher\\_development/master-mentor-training.htm](http://www.aug.edu/teacher_development/master-mentor-training.htm) prior to the practicum application due date. If this training is not completed, the stipend for supervision cannot be issued.

**\*\*I, \_\_\_\_\_ successfully completed the online training on \_\_\_\_\_.**  
**Signature: \_\_\_\_\_ (date)**

*\*Attach a copy of the Confirmation at the end of the testing process and keep a copy for your records.  
 Fax#: 706-729-2276 Attention: Mrs. Farmer*

*Revised 1.25.12 jhw/khf*