

APPLICATION FOR CLINICAL PRACTICE

Office of Teacher Education & Family Development
OM 211

(Please Print)

SEMESTER/YEAR REQUESTED _____ CHOICE OF SCHOOL DISTRICT _____ Optional: Specific School or area _____

NAME _____ T# _____

CURRENT ADDRESS _____ PHONE (____) _____

PERMANENT ADDRESS _____ PHONE (____) _____

CURRENT E-Mail Address _____

What teaching license/endorsement are you completing?

UNDERGRADUATE: Elementary 6cr 6 cr Special Education (Mild/Moderate) 6cr Early Childhood Ed 6 cr Secondary 7cr Academic 2 cr

GELP: Elementary 6 cr 12 cr Special Education (Mild/Moderate) 6cr Secondary 7cr SEAL 6cr
Adding License New License

Signature _____
Teacher Candidate

Signature _____
Major Department Chairman

Signature _____
Teacher Education Department Chairman

Signature _____
Minor Department Chairman

The above signatures signify that all requirements for Clinical Practice have or will be met by the time clinical practice begins.

After required signatures have been obtained, please submit completed application documents to the Education or Graduate Department Chair

NOTE: All students applying for Clinical Practice **MUST** pass the **Praxis Content** test before they will be eligible for Clinical Practice. ***If you decide to withdraw from student teaching, your student teaching fees will be forfeited and YOU MUST CONTACT THE FIELD SERVICE OFFICE TO REQUEST THAT YOU BE DROPPED FROM CP FOR THE SEMESTER.***

For Office Use Only – Do Not Write Below this Line

FBI _____ BCI _____ Admittance _____ Cum GPA _____ PRAXIS Content _____ PRAXIS PLT _____

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**INSERT
PICTURE ON
RESUME.**

Before applying for clinical practice the following must be completed:

- *All required course work*
- *Processed and cleared FBI and BCI background check*
- *Passing score on the PRAXIS II Content Test*

The following must accompany your application:

- *2 x 2 ½ Photo*
- *A one page Resume*
- *Completed Teacher Candidate Profile*
- *Copy of your USOE Student Teacher License (www.utah.gov/teachers)*

Teacher Candidate Profile

One page resume (front) which includes but not limited to: Name, Mailing Address (city, state, zip code), Phone Number (include area code), E-mail address, Major/Minor, Semester applying for, education, professional memberships, awards, personal skills, special interests, and/or hobbies that might facilitate your contribution to the instruction or activity in programs of a school, please provide your signature at the bottom of your resume.

One page Essay (back) that addresses the following:

- *What influenced your decision to pursue a career in teaching?*
- *Why you feel you are prepared to student teach*
- *What experiences have you had working with children or youth (including working in diverse environments and volunteer experience)*
- *What personal and professional qualities you possess:*
 - A. *that will insure you will continue to develop as a master teacher*
 - B. *that are in line with:*
 - Heart: Caring Teacher (Disposition and Habits of Mind)*
 - Head: Knowledgeable Teacher (Knowledge and Understanding of Pedagogy and Content)*
 - Hands: Competent Teacher (Skills and Abilities)*
 - C. *through your experiences with Technology, Diversity, and Life-Long Learning*