

# STUDENT TEACHING APPLICATION CHECKLIST

NAME\_\_\_\_\_ FALL \_\_\_\_\_ SPRING\_\_\_\_\_

**SUBMIT COMPLETED CHECKLIST WITH APPLICATION  
PACKET**

|                                                 | Yes | No |
|-------------------------------------------------|-----|----|
| <b>Copy of Passing GACE Score(s)</b>            |     |    |
| <b>Copy of Pre-Service Certificate</b>          |     |    |
| <b>Copy of ID</b>                               |     |    |
| <b>Student Teaching Application</b>             |     |    |
| <b>Copy of unofficial Degree Audit</b>          |     |    |
| <b>Copy of unofficial transcripts</b>           |     |    |
| <b>Background Check form</b>                    |     |    |
| <b>Copy of Proof of Liability<br/>Insurance</b> |     |    |
| <b>Signature on all required forms</b>          |     |    |