

# 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 Insurance</b>		
<b>Signature on all required forms</b>		

**Albany State University  
APPLICATION FOR STUDENT TEACHING**

**Name:**

**RAM ID:**

**Local Street Address:**

**City, State, Zip:**

**Phone (include area code):**

**ASU Student Email:**

**Program:**

**Concentration(s):**

**Prior Practicum Experience Placements**

<b>Practicum 1</b>	<b>Practicum II</b>	<b>Practicum III</b>
County:	County:	County:
School:	School:	School:
Grade/Content:	Grade/Content:	Grade/Content:
Teacher:	Teacher:	Teacher:

**Preferred Placement:** Indicate your **preferred** city/town, grades, and subjects. Although ASU **cannot** guarantee that your preferences will be met due to state and national guidelines, we will use these as a guide in making placements.

<b>Placement Preference</b>	<b>Preferred City/Town</b>	<b>Preferred Grade</b>	<b>Preferred Subject</b>

**All applicants should have completed the state-required background check for field experiences. If you have not, you must complete the process prior to submitting the student teaching application.**

**(ASU Main Campus Students)** If you plan to student teach away from your home campus, have you completed the Request to Student Teach Away from Home Campus Form? If not, email Dr. Carolyn Medlock.

Please be advised that requests are not always granted.

If you have a relative who is a teacher, administrator, or school board member in any of the three towns that you have chosen, list their names, schools or districts, and positions. **You SHOULD NOT student teach in a school where a relative works or where a sibling or child attends school. Failure to disclose such information could result in being removed from student teaching.**

Name of Relative:

Name of School:

Position:

Name of Relative:

Name of School:

Position:

Name of Relative:

Name of School:

Position:

**BEGINNING SCHOOL EXPERIENCE (BSE):**

Have you completed your Beginning School Experience?                      Yes                      No

If so, where did you complete your BSE? \_\_\_\_\_ Semester: \_\_\_\_\_

**GACE:**

Have you passed the GACE Content Exam?                      Yes                      No

If not, when do you plan to take the GACE again? \_\_\_\_\_

**You must provide digital proof of your GACE scores to with your application. You will not be permitted to student teach without passing GACE.**

**By signing below, I certify that the information I have provided in this application is correct to the best of my knowledge, and I agree to comply with the established student teaching policies of Albany State University.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date