

# APPENDIX D: LEVEL III STUDENT TEACHING FIELD EXPERIENCE APPLICATION

OCES Office Use ONLY

Number of Experiences Required: \_\_\_\_\_ Experience 1: \_\_\_\_\_ Experience 2: \_\_\_\_\_

Placement Division and Grade/Subject:

Director:

## LEVEL III FIELD EXPERIENCE REQUEST: STUDENT TEACHING

**Directions:** The program advisor and candidate **MUST** identify the semester and year in which the student teaching experience will take place for the candidate to complete the identified teacher education program. ***NOTE:*** The request **MUST** be received the semester before the experience is to begin.

Major	Semester	Year

### Section A: Student Teacher Candidate Information

Last Name	First Name	MI	NSU ID #
Local Contact Information			
Address	City	State	Zip Code
Cellphone	Alternate #	NSU Email	Other Email
Permanent Contact Information			
Address	City	State	Zip Code
Telephone	Alternate #	Preferred Email	Other Email

### Demographic Information

Gender: ☐ Female ☐ Male ☐ Non-Binary

Ethnicity: ☐ American Indian ☐ Asian ☐ African American/Black ☐

☐ Hawaiian/ Pacific Islander ☐ Hispanic/Latino/Latinex ☐ Multi-Racial

☐ Other (Specify) \_\_\_\_\_ ☐ White/Caucasian/European American

First Generation College Student? ☐ Yes ☐ No

Military Affiliation: ☐ Active ☐ Dependent ☐ Retired ☐ None

English Language Learner: ☐ Yes ☐ No

### Section B: Employment

Are you currently employed within a school division? ☐ Yes ☐ No

If yes, please list the district(s) \_\_\_\_\_

### Section D: Placement Information

**Directions:** To meet the **diversity requirement** for field experiences, select **two** different school divisions for your placements.

#### Experience 1

Public School Request (**LOCAL**)

School Level Preference (check one): ☐ Elementary ☐ Middle ☐ High

School Preference (name of school): \_\_\_\_\_

School District Preference: \_\_\_\_\_

Grade Level Preference: \_\_\_\_\_

Subject/Content Area Preference: \_\_\_\_\_

#### Experience 2

Public School Request (**LOCAL**)

School Level Preference (check one): ☐ Elementary ☐ Middle ☐ High

School Preference (name of school): \_\_\_\_\_

School District Preference: \_\_\_\_\_

Grade Level Preference: \_\_\_\_\_

Subject/Content Area Preference: \_\_\_\_\_

**Experience 1**Public School Request (**outside of HAMPTON ROADS**)School Level Preference (check one): ☐ Elementary ☐ Middle ☐ High

School Preference (name of school): \_\_\_\_\_

School District Preference: \_\_\_\_\_

Grade Level Preference: \_\_\_\_\_

Subject/Content Area Preference: \_\_\_\_\_

**Experience 2**Public School Request (**outside of HAMPTON ROADS**)School Level Preference (check one): ☐ Elementary ☐ Middle ☐ High

School Preference (name of school): \_\_\_\_\_

School District Preference: \_\_\_\_\_

Grade Level Preference: \_\_\_\_\_

Subject/Content Area Preference: \_\_\_\_\_

Initial next to each statement after reading: **(INITIALS & SIGNATURES MUST BE HANDWRITTEN OR DOCUSIGNED)** No checkmarks, please.

\_\_\_\_\_ I have read the **Level III Field Experience Handbook**, OCESS Reminders and Guidelines for a student teaching experience.

\_\_\_\_\_ I understand that I am responsible for abiding by these guidelines throughout my entire student teaching experience.

\_\_\_\_\_ I have attached the corresponding city form (applicable only for Virginia Beach, Norfolk, Suffolk, or Chesapeake school division requests).

\_\_\_\_\_ I have either attached a current, negative TB test and/or a current, negative TB test is already on file with the OCESS.

\_\_\_\_\_ I have attached the **COVID-19 Acknowledgement of Risk** form.

\_\_\_\_\_ I have attached the **VA HB1** waiver form.

\_\_\_\_\_ I have attached my **Level II Field Experience Record**.

\_\_\_\_\_ I have attached original copies of **PRAXIS II**, **RVE** (if applicable) scores.

\_\_\_\_\_ I have included proof of **liability insurance** and **professional membership**.

\_\_\_\_\_ I have attached copies of required certificates (**Dyslexia and Child Abuse Recognition**).

\_\_\_\_\_ I have attached a signed current **transcript** or **EVAL** as proof of completed program requirements that make me eligible for this field experience.

\_\_\_\_\_ I have obtained departmental endorsement for this field experience.

\_\_\_\_\_ I have attached a current **Dispositions Assessment**.



### Departmental Endorsement

On the basis of my knowledge of the applicant's preparation and characteristic performance in the subject matter area of \_\_\_\_\_, my **signature** below indicates **I ENDORSE** this applicant as a worthy and promising candidate for the **Level III Field Experience: Student Teaching** during the upcoming semester.

Department Head Name (Print):  (Department Head provides the name of the University Supervisor for the Student Teaching Field Experience.)	Department Head Signature:	Date:
University Supervisor Name (Print):	University Supervisor Signature:	Date:
Teacher Education Program Advisor (Print):	Teacher Education Program Advisor Signature:	Date:

## Background Verification Form

### Addendum to Field Experience

**Verification Form Directions:** Read the 4 statements below carefully and then print your **name**, add your **signature** and **date** below the statement you can verify. Ensure you add only ONE signature and date. The form will need to be resubmitted if two signatures are noted.

I have not been convicted of a violation of law other than a minor traffic violation.
I do not have any criminal charges or proceedings pending against me.
I do not have a felony, misdemeanor, or other offense for drugs, sexual abuse, and/or child abuse.
I understand that if the above-mentioned conditions are violated, it can result in cancellation of the field experience.

**Application Directions:** Only verify **ONE** statement that is applicable to you regarding the 4 statements you carefully read above. When submitting requests for field placements by your **signature** and the **date to the correct** statement. The Background Verification Form will need to be redone if two signatures are noted:

Statement A: *If you are able to verify the above statements when submitting requests for field placements, please sign and date below:*

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

Statement B: *If you are unable to verify one or more of the above statements, please give a brief explanation below and schedule a conference with the Director, OCESS. Please sign and date below text box:*

<b>Student Teacher Candidate Comments:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>