# **APPENDIX D: LEVEL III STUDENT TEACHING FIELD EXPERIENCE APPLICATION**

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| **OCESS 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.

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| **Major** | **Semester** | **Year** |
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**Section A: Student Teacher Candidate Information**

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| **Last Name** | | **First Name** | | **MI** | **NSU ID #** |
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| **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** |
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| **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**

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| 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.

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 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**.

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| **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.

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| 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:***

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| **Print Name** | **Signature** | **Date** |

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:***

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| **Student Teacher Candidate Comments:** | | |
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| **Print Name** | **Signature** | **Date** |