

**Post-baccalaureate Candidate
Student Teaching/Practicum Request Form**

Due Date: January 31

PERSONAL INFORMATION

Last Name _____ First Name _____

Maiden Name _____

Cabrini ID # _____ Soc Sec # _____

Date of Birth: _____

Home Address: _____

If different, address you will be living during your Student Teaching Placement:

NOTE: Placements will be located within 30-45 minutes from the college.

Home Phone: _____

Cell Phone: _____

Email address: _____

Past Academic History

Undergraduate Degree Received: _____

Institution & Year Awarded: _____

Do you hold a PA Teaching Certificate? ___ Yes ___ No

If yes, certification area(s) _____

PROGRAM INFORMATION

Area of Certification:

___ PreK-4 ___ Middle Level 4-8

___ PreK-4/SPE PreK-8 ___ SEC/area: _____

Credits Required for Certification (12-17 Credits)

Student Teaching:

EDU 490 ___ cr Prek-4 EDU 490 ___ cr ML (Grade 4-5 and/or Grade 6-8)

EDU 491 ___ cr SPE PreK-8

EDU 492 ___ cr Additional Certification

EDU 493 2 cr Student Teaching Seminar (Required for all Certification Areas)

SEC 490 ___ cr

Student Teaching/Practicum: ___ Fall ___ Spring ___ Summer ___ Winterim (Dec/Jan)

Year: _____

Please state any special accommodations required for your placement.

PREREQUISITE AGREEMENT

This form must be filed 6 months prior to the start date.

All courses required for certification must be completed prior to the start of the student teaching semester. An audit must be completed by advisor.

All clearances must be filed with the application as a part of the placement process. Updated clearances must be filed 4 months prior to the start date. I understand that any charge/s that appear/s on the clearances may delay the placement and/or certification process for an undetermined amount of time.

All required PECT tests must be passed 4 months prior to the start of student teaching.

I understand the terms of the prerequisites:

Signature

Date

PLACEMENT AGREEMENT

I agree to accept the placement Cabrini feels is best for me. If I ask for a change, then I understand that the change may mean waiting up to six months before I can begin my placement.

I understand the terms of this placement:

Signature

Date

PLEASE READ AND SIGN.

I GIVE MY PERMISSION TO THE EDUCATION DIVISION/REGISTRAR TO SEND AN OFFICIAL TRANSCRIPT and CLEARANCES TO THE SCHOOL DISTRICT TO REQUEST A FIELD PLACEMENT:

NAME: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

Note: You will not be enrolled in other courses during the student teaching semester(s).

Certification Students

Indicate where you would like your placement:

*If you have a name of a school and/or teacher with whom you would like to request placement, please indicate those details below. If you do not know these details, just indicate the school district/s in which you would like to request placement. **Every attempt will be made to place you in one of your requests. However, we cannot guarantee your request.** Please note: Students are NOT Permitted to student teach in the same building where they have a family member. You may be able to student teach in the same district or school system, just not the same campus. Students are NOT permitted to find their own placement as it violates school district policy.*

FIRST REQUEST

School District _____ County: _____
School _____
Grade Level _____
Teacher _____

SECOND REQUEST

School District _____ County: _____
School _____
Grade Level _____
Teacher _____

THIRD REQUEST

School District _____ County: _____
School _____
Grade Level _____
Teacher _____

Are you applying for a student teaching placement or practicum placement where you are employed? _____ If yes, complete below.

School District: _____ School: _____

Phone _____ Fax: _____

Address _____

Street _____ City _____ State _____ Zip _____

Principal/Director _____

Your position/subject _____ Grade _____

*If plans change regarding placements, please submit the change **IN WRITING** to the Director of Student Teaching immediately. Keep us informed of all changes.*

GENERAL INFORMATION:

- School districts require a six month advance placement request.
- Students will be notified by email regarding finalized placements.
- When a placement request is sent to a school/school district, copies of all clearances and the student's transcript accompanies the request. It is important that student's are aware of and acknowledge that all of this personal information is being provided with each request.

- All placements should be finalized within two weeks of the start Cabrini's semester (unless extenuating circumstances exist).
- Placements are a full semester
- The add-on elementary placement for special education majors will be a minimum of 3 weeks following the completion of the special education placements.
- Seminars will be held on scheduled Wednesdays from 4-6pm in the Widener Center Lecture Hall. The schedule will be sent out prior to Student Teaching/Practicum and at the Orientation Meeting. Please check your email for information.

REQUIREMENTS FOR PLACEMENTS

Prerequisites for **Student Teaching/Practicum** Placement include:

The following must be completed & included with the application, 4 months prior to the placement request:

- All course work must be completed prior to student teaching.
- PECT tests
- Undergraduate & Graduate transcripts (from each attending institution)
- Signed Post-baccalaureate audit completed & signed by Advisor**
- Copy of PA Act 34, Criminal Record Check
 - <https://epatch.state.pa.us/Home.jsp> --- updated annually
- Copy of PA Act 151, Child Abuse Clearance --- updated annually
- Copy of FBI Criminal History clearance (use the process mandated by PDE) – updated annually
- Copy of Negative Mantoux Test or chest x-ray (TB) --- good for 2 years
- Resume
- Letter of interest/Cover Letter
- Two letters of reference
- Verification of Employment (Required for reduced credits)
- Copy of Liability insurance (Homeowners or PSEA – www.psea.org)