#### Indiana University Southeast School of Education

### Secondary Student Teacher Assignment Preference Form

(This page is for internal use only; not sent with formal placement request.)

Student teaching assignments are made in terms of providing the best experiences possible. Your preference for a particular location will be considered, BUT factors such as the availability of high quality classrooms, which reflect best practices within a school and supervisory loads, must also be considered. Decisions relative to locations and possible supervising teachers are reasons for the prompt return of your application to your program coordinator.

You must be willing to accept the assignment determined by the program coordinator to be both in your best interest and within the resources that are available to provide proper supervision and a quality student teaching experience.

Name						
Last First Middle	e/Maiden					
Street		IU Student ID				
City			_ State	Zip_		
Home Telephon	e	Work Tele	phone			
Cell Phone		Email				
Anticipated Gra	duation Date					
License Being So	ought:					
Secondary/Majo	or					
If Social Studies: Area 1		Area 2		Area 3		
If Science: Area 1		Area 2	A	rea 3		
Teaching Minor	(s)					
Placement Leve	ls Preferred: (Indicate	e your 1st and 2nd cho	ice.)			
Senior High (Grades 9-12) Junior High/Middle (Grades 6-8)						
List your school	system preferences	from 1 to 3:				
Cl	arksville	Lanesville	Salem			
Ci	rawford Co	New Albany/Floyd	Со	Scott I		
Ea	ast Washington	North Harrison		_Scott II		
G	reater Clark	South Harrison	Se	ymour		
So	outhwestern	Paoli	_ W. Clark			
N	ladison					

Kentucky:

Bullitt Co. Other

\_\_\_\_\_\_ Jefferson Co. Name of District/Corporation

\_\_\_\_\_ Oldham Co.

**Note:** Candidates are absolutely prohibited from contacting schools or teachers regarding student teaching assignments. **Indiana University Southeast School of Education** 

## **Student Teaching Application**

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Part of our placement process requires that we not place you where you attended and/or where you may know persons. The purpose is to ensure that your evaluations are objective and free from bias, as much as possible.

Please indicate the names, dates, and locations of each elementary, middle, and high school you have attended.

Please list the schools and the names of every local educator with whom you have a relationship: family member, close associate, school where a child/sibling attends, etc.

Please describe the nature of the relationship and the school where they work. If there are none, please so indicate.

## CODE OF ETHICS

For Pre-Service Field Experiences

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Date \_\_\_\_\_

Course #\_ Complete Legal Name of Candidate (Please Print)

Class #

IU Southeast Student ID #

1. Have you ever been convicted of a felony? Yes No

2. Have you ever been convicted of a misdemeanor (other than a minor traffic violations) since January 15, 1994? Yes No

If the answer is Yes to either question 1 or 2 above, attach a written explanation and provide the court records within 20 calendar days.

Signature

Complete Legal Name of Candidate

As a pre-professional, I recognize my commitments to the students, to supervisory personnel, to the school system, to the University, and to the profession. I affirm and accept my responsibility to practice my profession according to the highest ethical standards as follows:

1. Respect the accepted legal and ethical norms and values of education

2. Effectively interact and collaborate with others and foster similar behaviors among students.

3. Are committed to diversity through equitable treatment and respect for all individuals.

4. Exhibit personal management behaviors valued by the professional education community.

5. Are committed to inquiry and application of the knowledge base of education.

6. Exhibit enthusiasm and respect for education as a practice and a profession.

7. Are committed to data-based decision-making and fair practices.

8. Are committed to continuous self-evaluation and personal improvement.

I recognize that my conduct may be regarded as representative of my role in the profession as stated above. I further confirm this commitment by my signature.

Signature

Complete Legal Name of Candidate Indiana University Southeast School of Education

### **Application for Secondary Student Teaching**

Personal Data: Date			
Name			
Last First Middle/Maiden			
Street	IU Student I	D	
City	State	Zip	
Home Telephone	Work Telephone		
Cell Phone	Email		
Anticipated Graduation Date			
Major	_ GPA Professional Education _		
Minor(s) GPA Major			
GPA Minor(s			
Overall GPA			

(average of courses taken at IU Southeast) Indiana University Southeast School of Education

# **Educational Experiences**

University Classification: Senior Graduate		
Present Degree Program: BS BA Certificate Only		
If Graduate: Degree Earned	Date	
Institution		Address
Beginning with your current collegiate enrollment, ind		/e
attended, date of attendance and degree/diploma (if a	any) earned.	
College/University Dates of Attendance Diploma/Degree	ee	
Activities, Honors, Offices:		
College		
Employment History:		
Beginning with the most recent		
Employer Position Date		
Part-Time Employment Anticipated During Student Te	eaching:	
(If you are not planning to work, please write none.)		
Type of Work Location Hours/Week		
	Ir	ndiana University

Southeast School of Education

### **Career Information**

Describe your experiences in working with children or youth and any other factors that influenced your decision to pursue a career in teaching.

List personal skills, special interests, hobbies, and travel experiences that may contribute to the instructional or activity programs of a school.

Using the INTASC Principles as your guide, write a short paragraph indicating why you feel you are prepared to student teach.

Signature of applicant indicates that information on this form is complete and accurate, as well as, an understanding of the accompanying directions and the requirements for a student teaching assignment as listed in the bulletin.

### Signature Date Indiana University Southeast School of Education

### **Program Information**

List the courses you have completed in your major and minor(s).

Major\_\_\_\_\_

Minor(s) \_\_\_\_\_

**Course Number Course Title Grade** 

**Note:** If additional space is needed please attach second sheet.

ATTACH A COPY OF YOUR TRANSCRIPT from OneStart.