



Student Teaching Program Application
School of Education

William Woods University

Name: _____

Student ID # _____

Mailing address: _____

Phone: _____

E-mail address: _____

Semester you wish to student teach:

Fall _____ Spring _____

Semester you intend to finish program/graduate:

Fall _____ Spring _____

Teacher Certification area

(Grade Levels in Parentheses):

_____ Elementary (1-6) Concentration:

Art, English, Math, Social Science,
Science, Speech/Theatre

_____ Seeking Early Childhood Concentration (Birth-3)

_____ Seeking Advanced Technology Certification (EDU
411)

_____ Middle School Education (6-9) Concentration:

English, Math, Science, Social Science,
Speech/Theatre

Secondary Certification Programs

_____ Speech/Theatre (9-12)

_____ Art: (K-12)

_____ Science: Biology (9 -12)

_____ English (9-12)

_____ Physical Education: (K-12)

_____ Social Science (9-12)

Special Education Certification Program

_____ Mild/Moderate: Cross-Categorical (K-12)

NOTE: Students who do not have a passing Content Assessment in their certification area on file with the William Woods University School of Education are not eligible to participate in the student teaching semester.

Content Assessment: No: _____ Yes: _____



Placements for pre-student teaching clinical experiences:

Clinical I (EDU 291)

School _____

Grade/subject _____

Teacher _____

Other Clinical Experiences

School _____

Grade/subject _____

Teacher _____

Clinical II (EDU 395)

School _____

Grade/subject _____

Teacher _____

Other Clinical Experiences

School _____

Grade/subject _____

Teacher _____

Specific comments regarding placement (optional) (e.g. small school, large school, rural, Title I):

Student teaching placement:

Clinical partnerships exist with area school districts. Our priority is to place students in our partner districts. This allows William Woods Instructors to serve as university supervisors for our teacher candidates. Consideration will be given for placement up to a 75 mile radius of the Fulton campus, if quality mentor teaching is obtained and University professor is available for supervision.

Following approval of student teaching, you will interview with the Chair of Field and Clinical Experiences to further discuss your clinical experience and placement for student teaching.

By signing below, I am requesting that the University Registrar verify my eligibility for the Student Teaching Program per the requirements listed below. I understand the university's Content Assessment requirement, and I will apply for a DESE background check once my placement is made. By signing below, I am also giving the University permission to share my file with a prospective coop teacher /school district.



Name _____

Student ID _____

Date _____

Student Signature _____

**Submit this signed form to the Education Office, Room AB 304. You will receive written notification on the status of your application.*

Verification by the University Registrar's office:

_____ 2.75 minimum grade point average in all classes taken at all higher education institutions (If a course is repeated; only the last attempt is counted)

_____ 3.0 minimum grade point average in Content Coursework

_____ *Education majors must complete all content matrix courses for their certification area with a final grade of "C" or better.

University Registrar

Date