



Traditional (Supervised) Student Teaching Application
Early Childhood Special Education
SpEd 897Q 2 cr./SpEd 897Z 1 cr. 16 weeks FTE

College: CEHS/Graduate Studies

Date: _____ Applying to Student Teach: Fall _____ Spring _____
Year Year

Name: _____
 ID#: _____
 Address: _____
 Phone (h)/ Cell: _____ email: _____

A. Prerequisites:

1. PPST Scores:

_____ math _____ reading _____ writing

2. GPA: _____ Overall _____ in major ECSE courses

3. Final Grades in:

Sped 861 + 897Q (1 cr) Sped 862 + 897Q(1 cr) SPED 882 SpEd 897Q (1 cr Fld Work)

4. I completed a **practicum** with ECSE infants while taking SpEd 861 __yes __ no

_____ Dates _____ Location _____ # visit hours

6. I completed a **practicum** with ECSE preschoolers while taking SpEd 862 __yes __ no

_____ Dates _____ Location _____ # classroom hours

7. I completed all of the requirements on the SpEd 897Q Fieldwork Checklist __yes __ no

Dates from/to _____

Items yet to complete: _____

B. Cultural Diversity Requirements

I have met the requirement for training with children from diverse populations in the following manner:

___ I have completed **UNL/Nebraska** required course in Human Relations : _____
course/term/grade

___ I am not sure if I have completed the Human Relations requirements for _____

___ I have completed the Human Relations requirements for the state of _____
Course number/title _____ year _____

___ I have completed, (or will complete) pre-student-teaching or a course practicum with diverse populations
Course #/Term Grade Location of experience Populations

___ SpEd 897z (1 cr) _____

C. Check the certificate/endorsements you are pursuing

___ Initial Teaching Certificate: (Birth to K) Preschool Disabilities
___ Other: _____

D. This will be my first teaching certificate _____ yes _____ no

E. I am and will be employed full time in the public schools while student teaching _____ yes _____ no

_____ as a para professional
_____ as a classroom teacher

List grades and school name/town: _____

F. Preferences

1. **Traditional** student teaching with a cooperating teacher who will supervise me in their classroom/caseload:

1a. Name of preferred town/school/cooperating teacher for home-based infant/toddler services:

Name of administrator and his/her contact information: (phone, email, and street address)

1b. Name of preferred town/school/cooperating teacher for preschool classroom services:

Name of administrator and his/her contact information: (phone, email, and street address)

2. **Non-traditional, on-the-job**, student teaching in my current classroom/program

2a. Does this employment have you working with _____ infants/toddlers _____ preschool age

2b. Name of preferred town/school district/ESU

2c. Name of administrator and his/her contact information: (phone, email, and street address)

2d. _____ # of hours/week employed in this setting _____ # of children 0-5 yrs with disabilities in this setting

2e. Proposed Supervising (on-site) teacher: (name/endorsements, contact information)

G. CPR

___Proof of annual/up-to-date CPR training is attached _____
(date of training)

___I am registered to complete CPR training _____
(date of training)

H. ___ UNL's Notarized Personal & Professional Fitness Form attached

I. ___ UNL's Personal Health/ Emergency Contacts Form attached

J. ___ Autobiography/Self-Introduction attached

K. ___ Criminal Background Check Applied for (date: _____)

L. _____
Student Signature to **confirm** information provided in this application for student teaching Date

M. _____
Advisor Signature to **confirm** approval for credit/placement for student teaching Date

N.. Notes/Questions:



Finalized Placement
(will be sent to you once approved)
Student Teaching Application
Early Childhood Special Education
SpEd 897Q/897Z

Today's Date: _____ Semester/Yr: F SP 20

Name: _____

Address: _____
Phone (h)/ Cell: _____ email: _____

Approved for: SpEd 897Q _____ cr. SpEd 897Z _____ cr.

Placement: *Your student teaching experience has been finalized as follows:*

Location-1: _____ Age level _____

Address: _____

Grade levels _____

Dates/Schedule: _____

Cooperating teacher: _____

Contact #/email: _____

Administrator: _____

Address:/Phone: _____

UNL Supervisor: _____

Contact #/email: _____

Location-2: _____ Age level _____

Address: _____

Grade levels _____

Dates: _____

Cooperating teacher: _____

Contact #/email: _____

Administrator: _____

Address:/Phone: _____

UNL Supervisor: _____

Contact #/email: _____

=====

cc to:

- _____ Student
- _____ Cooperating Teacher + Autobiography Letter
- _____ UNL Supervisor

____ Administrator

STUDENT TEACHER PERSONAL DATA FORM

___ Semester, ___

(You need to print two copies of this form and attach to your application.)**PERSONAL DATA**

Name	Birth Date	Social Security Number
Present Address	Phone	
Permanent Address	Phone	
Physical Handicaps	Health	E-mail

PRESENT COLLEGE STATUS

College or University	
Year in College	Expected date of graduation
Major(s) Endorsement	Additional Endorsement

EDUCATIONAL BACKGROUND

High School & College Name-City-State	Year of Entrance	Length of time Attended	Year of Graduation	Degree Received

Assistantships, Fellowships, Scholarships, Academic distinctions:

School	Nature of Recognition

VOCATIONAL EXPERIENCE

Non-Teaching

Employer: Name and Address	Dates Inclusive	Type of work

Teaching: (Pre-student teaching)

School	Dates Inclusive	Grade or subject(s)

Nebraska Department of Education - Personal & Professional Fitness

1/05

Presently, persons applying to the Nebraska Department of Education for a teaching certificate are asked the questions that appear below as an indication of their personal and professional fitness to teach. At this point in your education, the **University of Nebraska-Lincoln's College of Education & Human Sciences** also asks you to answer these same questions for two reasons: (1) The answers to these questions may provide UNL with information it finds important in deciding whether to allow you to participate in practicum experiences; and (2) Early identification of issues may impact your ability to secure a teaching certificate upon completion of your degree. All students shall complete the following oath prior to participation in pre-student teaching, field, laboratory and classroom experiences or student teaching. No student will be allowed to participate in classroom experiences or student teaching until this notarized statement has been presented to the Director of Field Experiences.

PRINT: Full Name: _____
 Soc. Sec.#: _____
 Semester/Year of practicum/internship or student teaching: _____

1. Have you ever had a professional license, certificate, permit, credential, or other document authorizing the practice of a profession suspended, revoked, voided, denied, rejected, or voluntarily surrendered?
 ___ Yes ___ No
2. Are you currently the subject of any inquiry or investigation, or is any action currently pending against you by any licensing agency, governmental body, or criminal justice agency?
 ___ Yes ___ No
3. Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or misdemeanor in any criminal, drug, or juvenile court? (Minor traffic infractions and misdemeanor convictions for Driving Under the Influence or Minor in Possession of Alcohol need not be reported.)
 ___ Yes ___ No

Important: If you have *any type of conviction*, you should obtain a copy of the court documents to determine if any conviction warrants further review. Hiring officials may want to see this information in the future.

4. Is an order or determination currently in effect by a court or any other governmental body which finds you to be any of the following: a mentally ill and dangerous person; mentally incompetent to stand trial; acquitted of criminal charges because of insanity; an incapacitated person in need of a guardian; or unable to manage your property due to mental illness, mental deficiency, chronic use of drugs or chronic intoxication?
 ___ Yes ___ No
5. Are you currently an inpatient or resident in a mental health facility due to a determination by a qualified mental health professional?
 ___ Yes ___ No

If I have answered YES to any of the above questions, I agree that I will make an appointment to see Dr. Tom Wandzilak (472-8626) as soon as possible and obtain a copy of the court record if applicable.

 Legal Signature Date _____

Subscribed and sworn before me this ____ day of _____, _____

 Notary Public

AUTOBIOGRAPHICAL SKETCH/Letter of Introduction

In order to provide your cooperating teacher with a little information about you, and show your professional readiness, please type this information in letter format and in a style that presents you at your best. Type "Autobiography" across the top of the dated letter.

Name of Student:	Date of Birth:
	Student ID:

Some suggestions as to what you might include in your letter/sketch are: (1) your previous experiences with young children, (2) expected graduation date (3) list of relevant completed courses (4) any minor area of study or special project completed (5) your expectations/hopes for this experience with infants/toddlers/preschool-age children (6) professional goals you hope to achieve under their guidance (7) school/work/family schedule/demands outside of this student-teaching experience. Keeping to 1-2 ages is advised; double-space between paragraphs.

Attach 2 copies of the letter to this sheet in your application

MEMO**DATE: Fall 2007****TO: Individuals who will Student Teach/Intern****FROM: Dr. Tom Wandzilak & Dave Van Horn****RE: Completion of a Criminal Background**

As you already know, as an individual who plans to student teach or complete an internship next Spring, you must undergo a screening process related to any criminal history. This memorandum provides the information you need to request the completion of this screening.

We want to be clear with you about the purpose of this review. The University will use the criminal history check primarily for the purpose of evaluating your background with respect to your ability to complete a student teaching or internship experience. It is possible that this review may discover information that would make you ineligible to student teach or complete an internship at this time. In addition, if the review of the information provided in your background check indicates that your presence may represent an unacceptable risk to the University, its community of students, staff and guests, its property or programs, the University will take reasonable actions to address its concerns.

In evaluating your ability to engage in student teaching or an internship we will review the results contained in your individual report in relationship to the standards set by the Nebraska State Department of Education in its Rules #20 and #21. You can be assured that you will be contacted immediately upon the completion of the review of your record if it is determined that there is cause to prohibit your engagement in student teaching or the internship. If such notification is necessary, you will receive a detailed explanation as well as information about the process to appeal our decision.

It is imperative that this background check be conducted during a set time frame. We ask that you enter your request for its completion by **October 1 for Spring student-teaching requests and March 1 for Fall student-teaching.** Attached you will find directions for you to follow so that your registration can be completed in a timely way.

We will maintain your report in a secure manner so as to ensure its safety and confidentiality. At the time that it is determined that your report is no longer needed, it will be destroyed.

We appreciate your patience as we have worked to define a process for this review. While that work has consumed more time than we expected, we believe that the resulting procedures and final product provide us with the information we need and, at the same time, very importantly, protects your right to expect confidential and professional treatment of what may be considered highly personal information.

Please do not hesitate to contact one of us with questions about this process. You may do so at:

Dr. Tom Wandzilak: 402-472-8626
twandzilak1@unl.edu

Dave Van Horn: 402-472-5428
dvanhorn2@unl.edu

Thank you.

Directions for Requesting a Criminal History Background Check

Please read through the following instructions carefully. For the purpose of these instructions, everyone engaged in an “internship” should view this experience as being synonymous and equivalent to “student teaching.”

- The Vendor who will conduct the check is “One Source The Background Check Company“ (One Source)
- To complete the request, go to One Source’s website at www.onesourcebackground.com
- On the home page, select “Student Teacher Login” and then select UN-L in the pop-up window. This will take you to a page entitled “University of Nebraska -- At Lincoln.
- You should now be on the “University of Nebraska – At Lincoln” page. Go to the red bullets with black, bold lettering and select the correct college/department that matches the program you are completing.
- As this new pages states, please read all of the instructions before you begin to complete the form.
- After having read the instructions, please scroll down and enter the required information. Note that payment of the \$25.00 fee for the review is made directly to “One Source.” If you do not have a credit or debit card, you may call 1-800-608-3645 to arrange for an alternate form of payment.
- After you complete the form, enter your request by clicking on the “ENTER ORDER” button located at the bottom of the page on the right side.
- Entering your order will cause another page to appear on the screen. This page presents the OneSource release form with which you must agree in order for the review to be conducted. If you can agree, please do so. If you have questions about the release, please contact either Tom Wandzilak (402-472-8626 or twandzilak1@unl.edu) or Dave Van Horn (402-472-5428 or dvanhorn2@unl.edu).
- Having clicked on the “I Agree” button completes your registration for the background check. You should then close all windows related to the process.
- As a part of this background review, you must also complete and sign a “Release of Information” form which allows for a review of any records you may have with the Nebraska Department of Health and Human Services (HHS). Signing this form gives permission for HHS to search its records regarding child abuse. **The form, which is attached, requires that your signature be witnessed by another person but it does not require the witness of your signature to be a notary. The witness must sign the form as well.** Please return the signed form by October 1, as directed by the UN-L faculty or staff member who is supervising your experience. In the case of TLTE and CYAF student teachers, the form should be turned in to Room 116 Henzlik Hall.

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

One Source, The Background Check Company Fax 1-800-929-8117, Attn: Laura Belyea
(Agency/Facility Requesting Check)

P.O. Box 24148, Omaha, NE 68124 Attn: Laura Belyea / Email: lbelyea@onesourcebackground.com
(Address – Street, City) **If not on letterhead**

(Signature of Applicant/Employee)

(Date Signed)

(Print or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Other Addresses in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Complete Addresses **REQUIRED** (City/State/Zip).

Names of Children Who Have Lived With You.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

(Date of Applicant's Birth)

(Home Address of Applicant/City/State/Zip)

(Witness Signature)

(Date Witnessed)