University of Arkansas at Pine Bluff
Admission to the Professional Semester
Student Teaching

Teacher Candidate: _____Student ID #_____Date: _____

CHECKLIST/APPLICATION INSTRUCTIONS	DATE RECEIVED
1. Secure an **application** for admission from online from the UAPB Website: (A) Stroll down to Schools (B) click on School of Education (C) Click on School of Education Application, Forms and Documentation (D) Complete Application online, print, obtain appropriate signatures.	
2. Secure a copy of **Approved Degree Plan** (Approved by Advisors). Must contain the signature of the Dean of the School of Education.	
3. Secure **signatures** of advisor(s), chairperson and Dean (where required).	
4. Complete Student Teacher **Data** Sheet	
5. Complete **University Clearance Form** (Finalized week of Student Teacher Seminar).	
6. Complete a Student Arkansas Education Association **(SAEA)** application form beginning the semester student teaching is to be completed. (Fall or Spring)	
7. Secure a **letter of recommendation** from advisor or department chairperson.	
8. Attach an **official up-to-date transcript** of all college courses including transfer courses from other colleges or universities. The transcript must reflect a Cumulative Grade Point Average of 2.75 or above. **(*Students enrolled prior to Summer 2007 may exit with a minimum GPA of 2.50)***	
9. Attach an original copy of all test scores: Praxis I-Reading Praxis I-Writing Praxis I-Mathematics Praxis II: Content Knowledge/Subject Assessment Principles of Learning and Teaching/Pedagogy ***STUDENT TEACHERS MUST ATTAIN PASSING SCORES ON ALL TESTS PRIOR TO THE START OF STUDENT TEACHING.***	
10. Secure proof of a recent negative TB Skin Test.	
11. Secure a complete Physical Examination.	
12. Secure the UAPB Nurses' signature on the Campus Clearance Form prior to the start of the Professional Semester.	
13. Secure Authorization For Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry	
14. Individual Record Check Form - Background Check and Finger Print Card must be mailed to Arkansas State Police.	
15. Student teachers must show proof that he/she has exited University College and must have been admitted to the School of Education.	

REVISED: 9/18/2009

University of Arkansas at Pine Bluff
Pine Bluff, AR 71601
Application for Admission to Student Teaching

(Please Type) **(Do Not Fold)**

Date: _____

I, _____, hereby apply for permission to register for Student Teaching for the_____Semester of the academic year 20_____.

My major is _____.

I understand that the Admission, Retention and Exit Committee has the authority to deny my admission or withdraw me from student teaching, if I do not attain or maintain the required standard for admission and continuance.

_____
Signature

01. Name: _____
(Last) (First) (Middle or Maiden Name)

02. Gender: _____ Social Security Number: _____

03. If your are a Music Major, indicate if you are vocal or instrumental:_____

04. Are you being certified K-12? If so, what are the areas or levels in which you are seeking certification?

_____ _____ _____
(Secondary) (Special Education) (Elementary/Early Childhood)

05. Praxis II: P-4 Early Childhood Education _____ EYC (164) _____ PLT (159)

Middle Level Education _____ MS CK (139) _____ PLT (139)

Agriculture Education _____ Agriculture (510) _____ PLT (164)

Business Education _____ Business (550) _____ PLT (164)

Family & Consumer Science _____ HS (560) _____ PLT (164)

Industrial Technology			Tech (550)	PLT (164)
Mathematics	Math (116)	Math PM (144)	Math Ped (144)	
Physical/ES	ES CK (145)	PS CK (145)	PS Ped (145)	
Life/ES	Bio CK (142)	ES CK (145)	LS Ped (146)	
English	Eng CK (159)	Eng ES (150)	Eng Ped (145)	
PE	PE CK (144)	PE MFA (150)	PLT (164)	
Social Studies	SS CK (155)	SS AE (140)	PLT (164)	
Art P-12	Art CK (157)	Art CTCA (140)	Art Making (146)	PLT (164)
Music I/V	M CK (150)	M A (150)	M CP (145)	PLT (164)

06. Permanent Home Address: _____

_____

Local Address: _____

_____

Telephone Number: _____

(Permanent) **(Local)**

07. Is Student Teaching the last course you need to complete your degree requirements?

Yes_____

No_____ ***Please list course(s) needed.**

_____ _____

_____ _____

_____ _____

If for any reason I cancel or postpone my student teaching during the semester stated on this application, I agree to submit a written statement to the Chairperson of the Admission, Retention and Exit Committee before the end of the semester in which my application was submitted and the statement will become a part of my permanent student teaching file. I understand that when I do elect to do my student teaching, I must reapply at the appropriate sign-up period.

Student's Signature	**Date**
Advisor's Signature	**Date**
Academic Advisor Secondary Education Major	**Date**

University of Arkansas at Pine Bluff
School of Education

TO: DEPARTMENT CHAIRPERSON OR ADVISOR

_____ Date: _____
Department Chairperson/Advisor

Student: _____has made application for enrollment in Directed Teaching. Your candid opinion of the applicant in the following areas is desired. Will you please rate the applicant on the form below and return it to the School of Education, Dawson Hicks Hall? Check each item under one of the rating columns.

Recommendation from the Chairperson/Advisor				
TRAITS	No Opportunity to observe	Weak-needs improvement	Satisfactory acceptable	Strong-Highly Competent
01. Conscientious desire to Teach				
02. Ability to work hard at task upon completions				
03. Willingness to work diligently				
04. Ability to get along with people				
05. Desire to work with people				
06. Warm feeling for young people				
07. Physical Health				
08. Mental Health				
09. Pleasing manner, appearance, habits and conduct				
10. Sufficient maturity to take complete charge of a group of pupils				
11. Leadership qualities				
12. Communicative skills				
13. Mastery of subject manner				
14. Initiative				
15. Resourcefulness				
16. Ethical character				
17. Open mindedness				
18. Responsibility and reliability				