

**TEACHER EDUCATION PROGRAM
UNIVERSITY OF PITTSBURGH AT BRADFORD**

APPLICATION FOR STUDENT TEACHING
(Type or print neatly.)

Selection of Student Teaching Period: Fall 20__ or Spring 20__

Name: _____

Last	First	MI
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Mailing Address: _____

Number	Street	Apt. #

City	State	Zip Code
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Telephone: _____

E-Mail Address(es):_____

Major(s): _____

Certification Area: _____

CUM GPA: _____

Early Level students will have one placement at the PreK-1 level and one placement at the 2-4 level. Secondary students will have one placement at the middle or junior high level (7-9) and one at the high school level (10-12). Health and PE students will have one placement at an elementary or middle level and one placement at the middle or high school level where health classes are taught. Each placement lasts for 35 days (14 week total commitment) and must take place in two different school districts.

Please provide information for the schools of your choice on the lines below. Placements cannot be arranged in a school where immediate family members are employed or attending (i.e. children, parents, spouse, siblings). Schools requested should be within an hour's drive of Bradford. No guarantee is made that placements in these schools will be possible. Teacher candidates MAY NOT approach a teacher or school to schedule a potential student teaching placement. These requests must be made by the University of Pittsburgh at Bradford Education Program.

Name of School: _____

Name of Principal: _____

Title	First	Last
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Address of School: _____
Number Street

City	State	Zip code
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Telephone Number of School: _____

Possible Teacher:

Please note any connection that you have to this school or this teacher.

Name of School: _____

Name of Principal: _____
Title First Last

Address of School: _____
Number Street

City State Zip code

Telephone Number of School: _____

Possible Teacher: _____

Please note any connection that you have to this school or this teacher.

Name of School: _____

Name of Principal: _____
Title First Last

Address of School: _____
Number Street

City State Zip code

Telephone Number of School: _____

Possible Teacher: _____

Please note any connection that you have to this school or this teacher.

Describe any special disabilities or limitations which should be brought to the attention of the cooperating teacher and university supervisor. If appropriate, specifically indicate the accommodations desired.

Use the back of the page to write additional comments or relevant information that may affect the student teaching application and/or subsequent placements.

STUDENT TEACHING APPLICATION CHECKLIST:

Student must submit the following items:

- ☐ Copies of current clearances. Clearances must have been obtained within 5 years. ***If a school district requests updated clearances from you, you will need to honor that request.***
- ☐ A completed Armstrong Survey which is included with this application.
- ☐ TB Test – a form is included with this application, but a form from a physician's office is acceptable. ***A TB test is valid for two years.***
- ☐ An autobiographical letter to introduce yourself to your cooperating teachers (2 originals).
- ☐ Resume
- ☐ Proof of health insurance coverage.
- ☐ Proof of training in the recognition and reporting of child abuse.
- ☐ Proof of training in the Family Educational Rights and Privacy Act (FERPA)
- ☐ Student Confidentiality Statement

Note that any or all of these records may be copied and provided to the school district, if necessary.

I, _____ give University of Pittsburgh at Bradford permission to release any/all records in my student teaching file to appropriate public school personnel to aid in my placement as a student teacher. Additionally, I authorize the education program and its faculty to use and share the Armstrong Survey information to help improve program offerings. I understand that my personal identifying information will not be reported when survey information is reviewed.

Signature _____ **Date** _____

PLACEMENTS WILL NOT BE ARRANGED UNTIL ALL REQUIRED MATERIALS ARE PROVIDED AND VERIFIED.

If you have questions, contact:

Dr. Donna Dombek at 814-362-7617 or dma18@pitt.edu
Ms. Jody Randolph at 814-362-5056 or jar1@pitt.edu

**The Armstrong Survey for Teacher Program Effectiveness
(Admission to Student Teaching Version)**

Section I – Please complete the demographic information below.

1. Gender? M ☐ F ☐
2. Term and year of student teaching? _____
3. Current grade levels of planned placements? _____
4. Prior work background/training? _____
5. Area and level of teaching you plan to pursue following graduation?

6. When you entered the program were you
post-baccalaureate ☐ baccalaureate-seeking ☐

Section II – Please circle the number that corresponds with the level of importance you think the item will have in your student teaching classroom experience. Also, circle the number that corresponds with how well you feel that the University of Pittsburgh at Bradford education program has prepared you for student teaching in that area.

Number values rating importance

5 = Extremely important
4 = Very important
3 = Moderately important
2 = Somewhat important
1 = Unimportant

Number values rating preparedness

5 = Very well prepared
4 = Well prepared
3 = Moderately prepared
2 = Somewhat prepared
1 = Unprepared

		Importance High-----Low	Preparedness High-----Low
7	Classroom management	5 4 3 2 1	5 4 3 2 1
8	Ability to engage and motivate students	5 4 3 2 1	5 4 3 2 1
9	Understanding student diversity	5 4 3 2 1	5 4 3 2 1
10	Understanding of developmentally appropriate practices	5 4 3 2 1	5 4 3 2 1
11	Using technology	5 4 3 2 1	5 4 3 2 1
12	Assessment	5 4 3 2 1	5 4 3 2 1
13	Curriculum design	5 4 3 2 1	5 4 3 2 1
14	Comfort with subject matter content	5 4 3 2 1	5 4 3 2 1
15	Pedagogy	5 4 3 2 1	5 4 3 2 1
16	Field-based experiences	5 4 3 2 1	5 4 3 2 1
17	Collaboration with peers and families	5 4 3 2 1	5 4 3 2 1
18	Continuing professional growth	5 4 3 2 1	5 4 3 2 1
19	Knowledge of resources available	5 4 3 2 1	5 4 3 2 1

Section III – Write your answers to the question, below.

20. Please write in any comments or suggestions that will help us improve the education program at Pitt-Bradford. Use the back if necessary.

(This survey should be returned along with the application for student teaching)
Thank you for your feedback!!



University of Pittsburgh Bradford

STUDENT CONFIDENTIALITY STATEMENT

By signing this, I understand and agree to the following:

- As a student in the Education Program at the University of Pittsburgh at Bradford, I may have access to student records which contain individually identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974 (FERPA).
- All student information is confidential and should not be discussed with anyone.
- Copying, removing, allowing unauthorized access to documents, files or any form of distribution of student information is not allowed.
- Access to all information held on computer equipment or other electronic devices is solely for the purpose of performing legitimate, authorized, assigned duties required for my placements in schools.
- Federal and state laws protect the student data to which I have access and that it must be treated with complete confidentiality and that the intentional disclosure by me of this information to any unauthorized person(s) could subject me to criminal or civil penalties imposed by law.
- Willful or unauthorized disclosure also violates the University of Pittsburgh at Bradford's policy and could constitute just cause for disciplinary action including termination of my placement and removal from the Education Program regardless of whether criminal or civil penalties are imposed.

I have read and agree to the above information.

Student (Print)
Date

Signature

University of Pittsburgh at Bradford
Education Program
TB Test Certification

_____, a student at the University of
(Print Name)

Pittsburgh at Bradford, was tested for TB on _____.
(Date)

The test was _____ negative.

The test was _____ positive and a follow up visit has been schedule for
_____.
(Date)

(In the event of a positive test, a letter from the physician indicating the student's ability to be in classrooms must be on file before the first day of any placement.)

Printed Name and Title

License Number

Business Name and Address

Signature