





**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. Jonathan Chitiyo at 814-362-5153 or chitiyoj@pitt.edu  
Ms. Jody Randolph at 814-362-5056 or jar1@pitt.edu

**Modified Version of the Armstrong Survey for Teacher Program Effectiveness  
(Admission to Student Teaching Version)**

**Section I – Please complete the demographic information below.**

1. Gender?    M        F        Other
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 – In the first column, please circle the number that corresponds with the level of importance you think the item will have in your student teaching classroom experience. In the second column, 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	Conducting 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 and instructional delivery	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 families	5 4 3 2 1	5 4 3 2 1
18	Collaboration with colleagues	5 4 3 2 1	5 4 3 2 1
19	Continuing professional growth	5 4 3 2 1	5 4 3 2 1
20	Knowledge of resources available	5 4 3 2 1	5 4 3 2 1
21	Educating students with exceptional learning needs	5 4 3 2 1	5 4 3 2 1

**Section III –**

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



# 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.*

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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