Indiana, Pennsylvania 15705

Office of Teacher Education
Student Teaching and Pre-Student Teaching

GUEST/HOST RELATIONSHIP FORM

The College of Education works with a large number of school districts each year in connection with field experiences for pre-student teaching programs and student teaching programs. In each instance, we are able to place teacher education students in a particular district because the district has invited us to place prospective teachers and has agreed to work cooperatively with us in a particular segment of the teacher education program. Consequently, both pre-student teachers and student teachers participating in field experiences activities in a school district do so as guests of the school district.

Each school district has regulations, procedures, institutional practices, and professional expectations for school district personnel, which will apply to pre-student teachers and student teachers assigned to a field experience in a school district. It is the responsibility of each pre-student teacher and student teacher to become aware of the expectations, rules and codes of conduct for teachers and student teachers.

A teacher education student enrolling in a course which requires an assignment to a field experience as a pre-student teacher and/or as a student teacher must understand that he/she will be in a school district as a guest of that district. Further, the acceptance of a pre-student teacher or student teaching assignment indicates an understanding of this guest/host relationship and an understanding that the teacher education student is expected to abide by the regulations, procedures, institutional practices, and professional expectations of the particular school district in which an assignment has been accepted.

As a teacher education student, I understand and agree to the principles governing field experiences. Further, I understand and agree that if my conduct or performance as a pre-student teacher or student teacher is not compatible with the regulations, policies, institutional practices, or professional expectations of the host school district or the university, my assignment may be terminated by the university or school district upon the request of the school district or the university.

Date: _____ Signature: _____

Please Print Name: _____

Indiana University of Pennsylvania
Teacher Education Field Experience
Memo of Understanding

(To be completed and submitted at the time of application for student leaching)

Teacher Education Majors at IUP are expected and required to fully participate in all field experiences at' the sophomore, junior and senior levels. Each certification program/department handles field experiences at the sophomore and junior level in different ways. However, a basic minimum requirement is for each student to be in the public schools for 35 hours during each experience. All teaching certification majors are required to complete a full semester of student teaching in a public school.

In light of the above, it is necessary for all education majors to understand and agree to the following:

1. All Teacher Education majors must have a current Act 34 and Act 151 clearance on file in the College of Education. These clearances must be updated annually. Students should apply for a new clearance in May of each year to be sure they possess a current clearance for field experiences in the following academic year. TB and Speech and Hearing Clearances are required once in preparation for application to receive admittance to the IUP Teacher Certification Program. As students receive their annual clearances, they must take them to the College of Education to be photocopied and filed. The original is returned to the student. School districts may ask to see the original of all clearances upon entering the school on the first day of any field experience. School administrators reserve the right to deny entrance to any education major who is not in compliance with school district policy.

2. Education Majors may be required to provide for their own transportation to and from sophomore and junior field experiences.

3. Student Teachers are placed at the sole discretion of the Associate Dean of Educational College School Partnerships in collaboration with the teacher education coordinator of each program. Placements will be made at approved sites using approved cooperating teachers. Students may not student teach in their home school district or where a relative is employed. Student Teaching assignments are firm and are not subject to appeal.

4. Transportation and housing are the sole responsibility of students during the student teaching experience and advisedly arrangements should not be made for housing and transportation until after the placements are confirmed by the Educational College-School Partnerships.

I have read and understand the above statements and agree to abide by them as a pre-condition to being admitted to the IUP Teacher Certification Program.

Student Name: _____ **Student Banner: @** _____

Student Signature_____ _____

Date

IUP

OFFICE OF TEACHER EDUCATION

CERTIFICATION OF NON-CRIMINAL OFFENSE & HABITUAL USE OF DRUGS & ALCOHOL

104 STOUFFER
IUP
INDIANA, PA 15705

To be certified as a teacher in the state of Pennsylvania, a teacher candidate must certify that he/she is not under indictment nor has been convicted of any crime other than minor traffic violations. If a candidate cannot attest to this, it may be advisable to pursue another degree program.

(Please Print)

I _____

Last Name **First Name** MI SS No.

certify that I am not currently under indictment nor have I been convicted of a criminal offense. I also certify I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209). (If so, supply full information with application for student teaching). Your signature verifies that all information provided is correct and true. Misrepresentation/falsification of any statement or document may result in binding legal consequences.

_____ _____

Signature Date

PLEASE RETURN WITH PRE STUDENT TEACHING APPLICATION

INDIANA UNIVERSITY OF PENNSYLVANIA
TEACHER EDUCATION
104 Stouffer Hall
Indiana, PA 15705

Authorization to Discuss Personal Academic Information

To Whom It May Concern:
(Please Print Full Name)

I, _____ do hereby give permission for the administration and faculty of the College of Education at IUP to discuss my academic program, academic standing, evaluations, and grades with the following people:

1. _____ _____
(Signature) **(Please Print Name)**

2. _____ _____
(Signature) **(Please Print Name)**

3. _____ _____
(Signature) **(Please Print Name)**

4. _____ _____
(Signature) **(Please Print Name)**

_____ _____
(Date) **(Student Teacher Signature)**

Return Form to:
Teacher Education Office
104 Stouffer Hall

INDIANA UNIVERSITY OF PENNSYLVANIA
TEACHER EDUCATION
104 Stouffer Hall
Indiana, PA 15705

Authorization to Release Name, Address, Phone Number, and Email Address to Recruiters

IUP Student Teacher:
(Please Print Full Name)

I, _____ do hereby give permission for the administration and faculty of the College of Education at IUP to release the following information to recruiters:

_____ _____
(Date) **(Student Teacher Signature)**

Information to be released:

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

PREFERED E-MAIL: _____

Return Form to:
Teacher Education Office
104 Stouffer Hall

Teacher Education Office

SUBJECT: **Student Teaching Interview**

TO: **All IUP Student Teachers**

FROM: **Associate Dean for Teacher Education**

1. **After you have received the official notification of your student teaching assignment, you must make arrangements to visit your assigned school and cooperating teacher. This should be done before the end of the current semester but no later than two weeks prior to the time you will begin student teaching. If you have several assignments, you will need to contact each cooperating teacher.**

   You should do the following:

   a. **Immediately, write a letter of introduction to your cooperating teacher. Remember, this letter will be the first impression you make. This is a requirement. Your cooperating teacher will expect to receive this letter;**

   b. **Request permission to visit the school, giving a specific date(s) and a specific time(s) that you are available to visit.**

   c. **Include a completed student teacher personal data form (enclosed).**

   d. **File a copy of your letter to the cooperating teacher in the Teacher Education Office.**

2. **When arriving at the school, please stop at the main office to introduce yourself as a prospective student teacher of (name) of cooperating teacher. Your attire should be that of a professional teacher.**

3. **During the meeting with your cooperating teacher you should discuss teaching assignments, mutual expectations, evaluation procedures, assigned school policy and procedures, and role expectations as outlined in the Student Teaching Handbook, "A Shared Responsibility."**

4. **Please return the interview assignment signature portion to the Teacher Education Office immediately following the interview. If you should have any questions about any aspect of your assignment, please discuss it with the in your department and/or the Associate Dean, Teacher Education.**

Teacher Education Office

SUBJECT: **Cooperating Teacher-Student Teacher Interview**

TO: **Cooperating Teacher**

FROM: **Associate Dean for Teacher Education**

The last step in the process of finalizing the student teaching placement is for the prospective student teacher to set up an interview with the cooperating teacher. The purpose of the conference is to become acquainted with each other and to determine whether the placement will be a satisfactory one. It also enables you to discuss with the student teacher what they will be teaching, as well as giving them any books or materials they will need to prepare themselves for the first weeks of teaching.

If, as a result of the interview, you have any concerns about the placement, please contact the Office of Teacher Education at (724) 357-2485.

If the assignment meets with your approval, please sign on the appropriate line and return the letter in the enclosed envelope.

We appreciate your willingness to work with IUP students and look forward to working with you during the Fall/Spring Semester.

_____ **Student Teacher (please print)**

_____ **Student Teacher (signature)**

_____ **Cooperating Teacher (please print)**

_____ **Cooperating Teacher (signature)**

_____ **Date**

Please return this form to the Teacher Education Office . This will become part of your permanent file.

STUDENT TEACHER PERSONAL DATA FORM

Date: _____

Department:: _____

Name: _____
(Last) (First) (MI)

Soc. Sec. No.:_____

Home Address: _____

Phone: _____

Student Teaching Address: _____

Phone: _____

EDUCATIONAL BACKGROUND:

_____
Elementary School Location

_____
Secondary School Location

_____
Other Schools Location

_____
Other Majors at IUP Reasons for change of school/dept.

PROFESSIONAL PREPARATION:

_____

Major OR Minor Areas of Concentration

Pre-Student Experiences (List Schools):

_____

Sophomore Experience Junior Education

List Scholastic Honors and Recognition:

_____

_____

GENERAL EXPERIENCE:

Indicate employment and military experience (List most recent first):

Employer Job Duties Length of Employment

1. _____
2. _____
3. _____

PRESENT MEMBERSHIP IN ORGANIZATIONS:

Social:_____

Professional:_____

Community Service:_____
(recreation, church, youth activities)

Indicate special hobbies, talents and interests: _____

_____

_____

GENERAL:

List in order of preferences, the subject areas in your concentration in which you would like to student teach. (Attempts may be made to place you accordingly.)

1. _____
2. _____
3. _____

List the departmental activities in which you were involved at IUP:

1. _____
2. _____
3. _____

State below any travel, additional work experience or departmental activities that you think is important, any experience in working with children or youth, knowledge of and proficiency in the use of different languages, the type of position you desire upon graduation, and any other information which would indicate your plans and ambitions for the future.

_____

_____

_____

_____

IUP

Indiana, Pennsylvania 15705

RESIDENCE ADDRESS WHILE STUDENT TEACHING

(Please Print or Type)

Name: _____
(Last) (First) (M.I.)

Social Security Number:_____**Banner ID Number:** @_____

Address:_____
(Street or Box No.)

_____
(City) (State) (Zip)

Phone Number:_____ **E-Mail Address:**_____

Major:_____

Check one of the following. If you student teach a full semester -- check either Fall or Spring. If you student teach only one quarter -- check only appropriate quarter:

_____ Fall Semester

_____ Spring Semester

_____1st Quarter

_____2nd Quarter

_____3rd Quarter

_____4th Quarter

RETURN TO: Teacher Education Office
104 Stouffer Hall
IUP
Indiana PA 15705

Forms #99

Indiana University of Pennsylvania

Teacher Education Office
Stouffer Hall, Room 104
1175 Maple Street
Indiana, Pennsylvania 15705-1080

Phone: 724-357-2485
Fax: 724-357-3294
Internet: *http://www.iup.edu/education*

STUDENT TEACHER ABSENCE FORM

(PLEASE PRINT) PLEASE RETURN THIS FORM TO THE UNIVERSITY SUPERVISOR TO BE TURNED IN WITH YOUR STUDENT TEACHER 'S FINAL EVALUATION

Student Teacher's Name: _____ **Banner #:** _____

Semester: _____Fall _____Spring Quarter: _____1st _____2nd _____3rd _____4th

Building: _____ Grade Level/Subject: _____

PROCEDURES FOR RECORDING TARDINESS AND ABSENCES OF STUDENT TEACHING

Student teachers will follow the IUP calendar for the first and last day of the student teaching experience. Otherwise, student teachers will follow the public school calendar. Leaving early for holidays, weekend trips, etc., is not consistent with professional practices, and is unexcused.

If, in the opinion of the cooperating teacher and/or University Supervisor, a student teacher is negligent or has excessive absences, s/he may be removed from the student teaching assignment or may have the student teaching experience extended.

- **Student teachers may have a reasonable number of interviews for teaching positions. This privilege should not be abused. Absences for interviews are to be approved in advance and are to be noted on the RECORD OF ABSENCE.**
- If a student teacher is absent more than three consecutive days due to illness, s/he must present a doctor's excuse to the cooperating teacher. This is to be attached to the absence report.
- Student teachers must call their cooperating teacher and university supervisor (if desired) if they are going to be absent for any reason. The student teacher should check with his/her University Supervisor to find out where and when s/he can be reached if the need arises.
- Cooperating teachers will record the pertinent information on the STUDENT TEACHER FORM and return it with the final evaluation at the end of the quarter or semester.
- The University Supervisor may discuss absences with the cooperating teacher and student teacher during his/her regular visit.

Date of Absence	Date of Return	Total Days Absent	Reason for Absence

SIGNATURE: Cooperating Teacher: _____

University Supervisor: _____

Student Teacher: _____