**Application for Admission to Internship (Student Teaching)**

Completed applications must be turned into the Education Office, 122 Hamilton Hall, prior to the first Friday in February. **Applications will not be accepted after this date.** The internship assignment will be completed in full near the end of the spring semester prior to the teaching internship. The Field Placement Officer (FPO) will notify the teaching internship candidates of their placement in writing as soon as decisions are made.

Several important factors help to determine the placement of teaching interns such as the site and location of public school, distance from OPSU, cooperation of public-school personnel, etc. The FPO will take placement preferences into consideration; however, the final decision regarding internship placement is at the discretion of the Dean, College of Arts and Education working through the FPO.

If for any reason you decide to withdraw from your teaching internship, please notify the FPO as soon as possible. This will allow the FPO to notify the school in which you have been placed so that they do not expect you. It also will help maintain good relations with the schools and make things easier if you intend to re-apply for a teaching internship at a later date.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CWID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Semester of Internship: FA: SP:

 Year:

Certification Information

 Elementary Music Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secondary Subject Area

Personal Information

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current State: \_\_\_ Current Zip: \_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent State: \_\_\_ Permanent Zip: \_\_\_\_\_\_\_\_\_

OPSU e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact State: \_\_\_ Contact Zip: \_\_\_\_\_\_\_

Do you anticipate working part-time during your internship? Yes No

If yes, what type of work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hrs./Wk.: \_\_\_\_\_\_\_

Please enter the names of the three people to whom recommendation forms were given:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ You will need to put your name and ID# on the recommendation

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ form, print three copies, and give them to the faculty from whom

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you are seeking recommendation.

Placement Preferences:

List School Choice in Order of Preference: List Grade Level in Order of Preference:

 1st Choice: 1st Choice:

2nd Choice: 2nd Choice:

3rd Choice: 3rd Choice:

List elementary, junior high, and high schools in which you attended or from which you graduated; colleges and universities attended, and any degrees earned.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Location | Dates attended | Diploma/Degree Earned i.e. (HS Diploma, AA Degree) |
|  |  |  |  |

Please list the name, relationship, school, grade level, and teacher’s name of all family members attending public schools, as well as all family members, and their position, who work in any area schools.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | School | Position (if applicable) | Grade Level(if applicable) | Teacher’s name (if applicable) |
|  |  |  |  |  |  |

Please discuss any additional factors that may affect your placement.

**Remember, you will not be placed in an internship in which you will teach a member of your family, nor one in which you will be supervised by a member of your family.**

Have you passed your OSAT exam(s) Yes No

If Yes, please list the exams passed:

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Other exams passed:

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Please sign and submit to the Education Office by the 1st Friday of February.

Your second portfolio review will take place the semester prior to your internship.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_