

Student Teaching Agreement Form

Illinois State University

The following questions reflect the responsibilities that must be met by each student prior to the first day of student teaching if he/she is to be eligible to student teach. Failure to complete any one of these responsibilities prior to the first day of student teaching will render a student ineligible and the student teaching placement will be retracted. **Please write your initials in the blank provided to show your understanding of each statement below.**

- _____ 1. I understand that I must provide an original Illinois State Police and an FBI fingerprint Criminal Background Check report before being allowed to register for student teaching and before I begin my pre-student teaching experiences. Illinois State University has my permission to share this information in order to obtain clinical placements. Additional school district or department requirements may apply.

- _____ 2. I understand that some school districts have requirements that students must meet in addition to the requirements at ISU.

- _____ 3. I understand that I must provide a negative TB test result that was not read more than one year prior to my last day of student teaching, and that Illinois State University has my permission to send it to schools and agencies in an effort to make student teaching and pre-student teaching placements. Additional school district or department requirements may apply.

- _____ 4. I understand that I must provide a passing score on the State of Illinois Content Area Exam to the Teacher Education Center prior to the last day of the semester before I student teach. Additional department requirements may apply.

- _____ 5. I understand that I am responsible for transportation to and from my student teaching and pre-student teaching placements. I understand that my commute may exceed 1 hour.

- _____ 6. I understand that I am responsible for lodging at the site of my student teaching placement.

- _____ 7. I understand that I cannot be assigned a placement in a school building where my relatives or close friends work, or where I have had prior work or volunteer experience. Nor will I be placed in a High School that I attended.

- _____ 8. I understand that neither I, nor friends or family members, can be involved in making my own student teaching or pre-clinical placements.

- _____ 9. I understand I must maintain the cumulative and major GPA required by my department to be eligible to student teach.

- _____ 10. I understand that I must have adequate health, accident, and liability insurance during my entire student teaching experience.

- _____ 11. I understand the importance of checking with my academic advisor prior to student teaching to confirm that all coursework and other requirements have been completed prior to student teaching.

- _____ 12. I understand that my student teaching and pre-student teaching placements will be appropriate to my program and that specific requests may not be accommodated.

- _____ 13. I understand that it is my responsibility to inform the Clinical Experiences and Certification Processes office (CECP) in the Teacher Education Center and/or my department if there are any issues or concerns that might affect any clinical placements.

- _____ 14. I give my permission to the CECP office to share academic progress reports, official transcripts, resume, criminal background check, and TB report with prospective placement schools.

- _____ 15. I understand that I must successfully complete a minimum of 100 clinical hours prior to being allowed to student teach.

- _____ 16. I understand that my student teaching placement will not be pursued until my complete application packet as been received by the appropriate coordinator in the CECP office.

Printed Name: _____

Signature: _____

Date: _____

Major: _____

UID: _____

The copy you submit with your application will be retained in CECP. Please make a copy for your own reference.