



<b>Name:</b>		<b>Major:</b>	<input type="checkbox"/> Secondary Education: Subject:
<b>Address, City, State, Zip</b>			<input type="checkbox"/> K-12: Subject:
<b>Phone:</b>			
<b>DSU Email:</b>			
<b>Personal Email</b>			

**Praxis Test Information**

I have taken and passed Praxis I: Core Academic Test for Educators. I have sent the scores to the School of Education Office.

I have taken the Praxis II: Principles of Learning and Teaching 7-12. I have had the scores sent to DSU.

I have taken the correct Praxis II: Content Area exam. I have had the scores sent to DSU.

I have scheduled the Praxis II exams for: \_\_\_\_\_.

**Recommendation of Graduate Studies Director (For Office use only.)**

<input type="checkbox"/>	Approved	
<input type="checkbox"/>	Approved with Concerns	Concerns:
<input type="checkbox"/>	Denied	Reasons:
<b>Graduate Studies Coordinator Signature:</b>		

**Recommendation of Teacher Education Council (For Office use only.)**

<input type="checkbox"/>	Approved	
<input type="checkbox"/>	Approved with Concerns	Concerns:
<input type="checkbox"/>	Denied	Reasons:
<b>Teacher Education Council Chair:</b>		

## Student Teaching Placement Request

<input type="checkbox"/> <b>Yes</b> I am currently teaching in my own classroom.	<input type="checkbox"/> <b>No</b> I am not currently teaching in my own classroom.
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If yes, please list your school below and the contact information of your principal.  
If no, please list your 3 preferences below with your reason to teach in that school.

**Grade level preference:**

	School: (Include City and State)	Reason:
<b>Choice #1:</b>		
<b>Choice #2:</b>		
<b>Choice #3:</b>		

\*\*Although consideration will be given to preferences for grade level and district/school, there is no guarantee of placement in preferred grade or district/school.

\*\*Any placements that are out of area (80 miles from Dickinson or Bismarck, ND, can and will have additional fees. See the Teacher Education Handbook for more details or visit with the Director of Field Experiences.

### Consent to Release of Background Record:

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their records. While parents, guardians, spouses, and others may have an interest in the student's record, access to or release of the education record is only by written student consent.

I consent to the sharing of the criminal background investigation information provided by the State of North Dakota with the administrator of the school in which I have been assigned to complete my student teaching by the DSU School of Education. This documentation includes the Bureau of Criminal Investigation and Federal Bureau of Investigation.

I understand that I will be required to provide a copy of my background investigation document to the DSU School of Education before my student teaching semester begins.

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release that information.

\_\_\_\_\_  
Teacher Candidate Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Student Teaching Agreement

I affirm that I have met or will meet by the end of this term all the requirements to Student Teach.

### I agree to:

1. Follow policies as stated in the Teacher Education Handbook and the MAT Student Teaching Handbook;
2. Adhere to the school district policies at the student teaching placement site;
3. Complete background checks and submit results to the School of Education office by May 1 (if student teaching in the fall) and December 1 (if student teaching in the spring);
4. Complete Praxis I: Core Academic Test for Educators, Praxis II testing both in the subject area and the Principles of Learning and Teaching and send results to the School of Education office;
5. Demonstrate professionalism throughout the student teaching experience;
6. Complete all requirements of the student teaching assignment;
7. Establish and maintain a collaborative and respectful relationship with the Cooperating Teachers, University Supervisor, other educators, administrators, students and the Director of Field Experiences;
8. Maintain confidentiality of all faculty/student communications or interaction that occur during, or are associated with, the student teaching experience; and
9. Maintain confidentiality of all faculty/student communications or relations that occur during, or are associated with the experience. Students will adhere to the confidentiality policies of the cooperating program and expectation of the university. Students will not discuss their experience with anyone outside of their cooperating teacher, mentor, and professor. **Using any social media platform to share information about the children or families is PROHIBITED.** Violation of the confidentiality policy may result in termination from the experience.

### I acknowledge:

1. I have accessed the Teacher Education Council's Student Teaching Handbook either online or hard copy. I have read and agree to abide by the standards, policies, and procedures defined or referenced in the handbook. I understand that I have an obligation to inform the Director of Field Experiences (DFE) of any changes in person information. I also accept responsibility for contacting the DFE if I have any questions, concerns, or need further explanation;
2. I have provided (or will provide before student teaching starts) proof of liability insurance to the School of Education;
3. I understand and accept the condition that the Teacher Education Council, Dickinson State University, and the assigned public school district are released from any liability related to accidents or any other unexpected event, which may occur in conjunction with my participation in required, or voluntary activities during student teaching.

With my signature below, I willingly accept to uphold any and all requirements as stated above. Failure to fulfill any of the above requirements may result in disciplinary action that might include removal from the student teaching experience.

Teacher Candidate Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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