

University of Rhode Island Music Department
STUDENT TEACHING APPLICATION FORM
(For those students planning to student teach during the next academic year)

NAME: _____ Student ID#: _____
 Last First Middle

Circle One: UNDERGRADUATE GRADUATE (TCP)

What Semester (Fall or Spring) and year do you **hope to** student teach?

Semester: _____ Year: _____

Your Primary Instrument: _____ Secondary Instrument: _____

Do you have: Vocal jazz experience? Yes/No Instrumental jazz experience? Yes/No

 Marching band experience? Yes/No Musical Theater experience? Yes/No

Student's Permanent Address: _____

Cell Phone: _____ Home Phone: _____

URI Email: _____

Indicate the name, city and state where you attended high school.

If applicable, indicate the **school name**, city & state where you or your family members are employed.

List the teachers' names and schools of previous field experiences (EDC 250, MUS 341).



OVER PLEASE - THERE'S MORE!

The Office of Teacher Education places student teachers in RI school districts and with cooperating teachers who will provide proper mentoring and supervision. Student teachers may make special requests for schools, settings, individual teachers, or geographical preferences, and those requests will be considered; BUT no guarantees are made. Please indicate any preferences and explain any special considerations for placements in an attachment with this form. All contact regarding placements must be done by the School of Education to the potential cooperating teachers. **Under no circumstances are students to contact potential cooperating teachers themselves to inquire about placements**, such contact will result in that option being voided. *Students will be notified when placements have been confirmed via email. Students are required to visit co-operating teachers the semester prior to student teaching.*

NOTE: *Attach PRAXIS II (PLT & Music Content) test scores that you have received. If PRAXIS II scores are incomplete, please be certain you have registered for the next possible testing window, and indicate the date you plan to take those tests.*

I certify that the information above is true and exact. I understand that falsification of information will result in failure to gain clearance to student teach and/or dismissal from student teaching.

STUDENT SIGNATURE: _____ **Date:** _____

NOTE: *Return this from to **Dr. Neves' mailbox as soon as you have completed it.** Once received, Dr. Neves will contact you via email to set up a one on one meeting to review this information, and review all final requirements needed prior to student teaching.*

Questions? c

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**FOR OFFICE USE ONLY**

*Date form received by Coordinator of Education:* \_\_\_\_\_

*Date of one-on-one meeting following receipt of form:* \_\_\_\_\_

*Music Education Coordinator's Signature:* \_\_\_\_\_