

THE HEALTH AND PHYSICAL EDUCATION

Application to Student Teach

Please turn this application into the KIN Office no later than November 1 or February 1 of the semester prior to your student teaching semester.

Name _____ URI ID# _____

Application to Student Teaching: Spring / Fall (circle) semester of _____ year

Subject Areas (circle): K-12 Physical Education

Additional endorsements (circle): Health Education Adapted Physical Education

Permanent Address: _____

Address During Student Teaching Semester: _____

E-mail: _____ Phone: () _____

Other phone contact: _____

High School Attended: _____

Jr. High Attended: _____

Elementary School Attended: _____

KIN 305 Placement School: _____ Practicum Teacher: _____

KIN 315 Placement School: _____ Practicum Teacher: _____

*Special Considerations for placements: (explain) _____

*No special requests are guaranteed, but will be considered when requesting placements.

Results of a recent (within 6 months) TB test are required before you can be admitted to the student teaching placement sites. You must arrange for the test and provide the Student Teaching Coordinator with official results of the test BEFORE you will be allowed to begin your student teaching experience.

Please answer the following questions (necessary for school placement, and disclosed under Rhode Island General Law 12-1.3-4.):

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____ If
yes, explain on another sheet and attach to this application.

Have you ever entered a plea of nolo contendere to a felony or
misdemeanor charge? If yes, explain on attached sheet. Yes _____ No _____

Are any misdemeanor or felony charges currently pending against Yes _____ No _____ you?
If yes, explain on attached sheet.

While we do understand that some people may need to work during the student teaching semester, it is highly recommended that you do not work during student teaching. We consider student teaching a full-time responsibility and low marks in student teaching may negatively impact job offers. Should you need to work, please be aware that you will still be held accountable for meeting all school, university, and seminar requirements regardless of work responsibilities. The same applies for coaching or other extracurricular activities in which you may be involved. Excessive absences or missed classes may result in failure of student teaching, or an extension of experiences and subsequent delay of graduation.

Student teaching is only conducted during the spring semester in a public school classroom. It consists of five full days per week for the entire semester. You will follow your school's calendar—including vacations—ending student teaching in May, just prior to final exams. (You will *not* take the URI spring break.)

Some districts require an interview prior to approving a student teaching placement. The district will contact you directly if they require an interview. In these instances, the URI School of Education is required to provide your contact information to the district coordinator for the purposes of scheduling your interview.

_____ I give permission to the URI School of Education to release my email and phone number to districts.

_____ I do not give permission to the URI School of Education to release my email and phone number to districts.

****You will need to regularly monitor the email and phone number you have provided on this form for interview requests. It is your responsibility to respond promptly and professionally to any interview requests.**

Checklist for student teaching: _____ Signed Review of Application by Advisor

_____ Application _____ Overall Cumulative QPA 2.5 or higher

_____ List of courses remaining _____ Major QPA of 2.7 or higher

_____ Completion of Excel spreadsheet in Major sheet (Only KIN courses)

_____ Completion of All KIN coursework prior to ST

_____ Successful Completion of PLT with a passing score of 160 or higher (K-6) OR 157 or higher (7-12)

_____ Successful Completion of P.E. Content test with a passing score of 154 or higher

_____ Curriculum sheet signed by your advisor attached to your Intent to Graduate Form (due October 1 for May graduation, November 1 for August graduation, or April 15 for December graduation)

I certify that the information above is true and exact. Falsification of information will result in dismissal from the HPE program and from Student Teaching.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

**CONSENT TO RELEASE
STUDENT RECORDS**

I, _____, _____ of _ (student's name)
(I.D. number) (permanent address)

("student") hereby consent and grant to the University of Rhode Island, Kingston, RI 02881, full authority and permission to duplicate and release the following records to the: Rhode Island Department of Education, 255 Westminster St. Providence, RI, 02903-3400, according to the following terms:

Description of Records to be Released: Social Security Number

Reasons for Release of Records: Social Security number is required by the Rhode Island Department of Education to issue a student teaching permit. Student teaching permit is required to enter into student teaching in the state of Rhode Island.

Other Restrictions and Conditions:

This Consent to Release Records is limited to those persons expressly named herein. Any further release of records to any other person, group, corporation or other entity of any kind or nature is expressly prohibited without the further written consent of the student.

The records listed above will be released in unedited form except as otherwise provided by the Family Educational Rights and Privacy Act of 1974 and Regulations promulgated thereunder, applicable state law and the policies and procedures of the University. **THE STUDENT HAS THE RIGHT TO DENY ACCESS TO THE RECORDS LISTED ABOVE AND/OR TO REVOKE THIS CONSENT AT ANY TIME.**

In signing this consent form, the student and/or the student's legal guardian agrees to permit the release of these records.

Having read and understood this consent form, the student and/or legal guardian has signed this form below as their free act and deed.

_____ (Signature of Student) Dated: _____