

INSTRUCTIONS FOR PROSPECTIVE TEACHER INTERNS

Requirements for Admission to Student Teaching Internship include the following:

REQUIREMENTS

- 1. PRAXIS II Passing Scores
- 2. Minimum of 2.75 GPA overall
- 3. Minimum 2.75 GPA in major
- 4. Satisfactory Completion of all Course Work except for Internship and Senior Seminar
- 5. Major courses completed with a grade of "C" or better
- 6. Results from a Tuberculosis Skin Test
- 7. Two (2) sets of self-addressed labels

EVIDENCE

- Copies of Scores from ETS
- UMES Official Transcript
- Signed Attached Sheet (page 8)
- UMES Official Transcript and Advisor Verification
- UMES Official Transcript and Verification
- Health Certification Form (page 7)

This application can be completed in one of two ways:

1. **online:** www.umes.edu/education or
2. **hard copy:** See Mrs. Brenda Granger in Hazel Hall Room 2025 for an application.

Please type or Word Process, as these forms are photocopied for distribution to placement officers, cooperating teachers, and university supervisors.

Once your completed application has been submitted, you will receive verification from Dr. Patricia Goslee, Director of Field Placements.

You will intern in two separate school systems, if at all possible. Each experience will be at one of our Professional Development Schools at a different grade level. Please indicate at least two different school systems on the Eastern Shore on your application. Secondary majors must teach one experience at the middle school level and one at the high school level. P-12, and 1-12 majors must teach one experience at the elementary level (1-6) and one experience at the middle or high school (secondary) level (7-12). We can request a particular grade or teacher in a school system, but that does not guarantee that the requested placement will be available. **You must attend a 3-4 day workshop at UMES the week prior to the semester you do your internship.**

PLEASE DO NOT MAKE CONTACT WITH THE SCHOOLS UNTIL PLACEMENTS ARE APPROVED AND YOU HAVE BEEN NOTIFIED IN WRITING BY THE DEPARTMENT OF EDUCATION.

DUE DATE: December 3, 2010

Application for Student Teaching

UMES Professional Education Unit
c/o Department of Education
Hazel Hall

University of Maryland Eastern Shore
Princess Anne, Maryland
410-651-6217

Name _____ Date of this Application _____
(Last) (First) (Middle/Maiden)

Home Address _____ Phone _____
(Street) (City) (State) (Zip)

Current Address _____ Phone _____
(Street) (City) (State) (Zip)

Email address _____

Soc. Sec. No. _____ Advisor _____
(Please read the instructions before completing this and the other forms enclosed.)

PREFERENCE FOR ASSIGNMENT

SEMESTER (Indicate Fall or Spring) _____ YEAR (Indicate calendar year) _____

LOCATION (Put down 1st and 2nd choices)
 Caroline County
 Somerset County
 Wicomico County
 Worcester County

NOTE: You will be required to provide your own transportation to reach assignments.

Please check the type of certification you seek.
 P-12 ___ Secondary ___ Special Education *1-8 ___; *6-12 ___; 1-12 ___
 *(graduate students only)

Subject Area of Certification: _____

High School from which you graduated _____

Schools in which you currently have children enrolled or family members employed

Special Placement Problems to be considered _____

For Office Use Only:

	School	Cooperating Teacher
First Experience		
Second Experience		

Personal Data Record

UMES Professional Education Unit
 c/o Department of Education
 Hazel Hall

University of Maryland Eastern Shore
 Princess Anne, Maryland
 410-651-6217

Name _____			
(Last)	(First)	(Middle, Maiden)	
Home Address _____			
(Street)	(City)	(State)	(Zip)
Phone _____		Social Security Number _____	

Please list the types of experiences you have had in schools (Most recently experience first):

Name of School	Type of Field Experience (Observation, Pre-Internship, Other: describe)	Grades/Subjects	Beginning Date	Ending Date

Describe your:

Community service activities (church, youth organization, camp counseling, other)

Work experiences you have had:

Recreational and hobby interests:

Extracurricular activities while at UMES:

Special abilities (indicate your abilities in art, music, dramatics, etc.)

**Teacher Intern Information
For
Building Principals, Mentor Teachers, and University Supervisors**

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Permanent Address _____

City _____ State _____ Zip _____

In case of emergency during student teaching, please notify:

Name _____ Phone _____

Special health/medical concerns:

On the next page, please compose a short autobiography which will be sent to your building principal, mentor teacher, and university supervisor as an introduction. Your autobiography might include information about what motivates your desire to teach, experiences with students and youth groups, travel experiences or hobbies, college activities which have brought you recognition or honors, or any pertinent data you feel would help these individuals know you better. **The autobiography must be word processed or typed.**

Autobiography:

Certification of Health for School Personnel

Top Part To Be Filled Out By Teacher Intern

Form To Be Filed In School Personnel Folder

Name: _____

Birth Date: _____

S.S. No.: _____

Home Address: _____

To Be Completed By Physician

Date

Tuberculosis has been ruled out by:

or

Negative tuberculin test _____

Negative chest x-ray _____

Statement:

I have, this date, examined _____ and find no evidence of any physical condition that would conflict with the health, safety, or welfare of the pupils.

Comments:

Licensed Physician or Other Licensed Medical Personnel

Date

Student Teaching Endorsement

UMES Professional Education Unit
c/o Department of Education
Hazel Hall

University of Maryland Eastern Shore
Princess Anne, Maryland
410-651-6217

Name _____ Date of this Application _____

Home Address _____ Phone _____

Current Address _____ Phone _____

Email address _____

Soc. Sec. No. _____ Advisor _____

STUDENT SIGNATURE:

I will have met all the requirements established by my department (s) for admission to Student Teaching prior to my placement. I agree to abide by all the rules and regulations set forth by the Department of Education regarding student teaching placement procedures as outlined in this application packet. I agree to attend the workshop the week prior to the semester I do my internship.

Signature: _____

APPROVAL OF ADVISOR

The teacher candidate will have met all requirements established by the department for admission to Student Teaching prior to placement.

_____ Satisfactory _____ Unsatisfactory Date _____ Signature _____

SUPPORT ENDORSEMENT BY FACULTY

I have reviewed this application and recommend by my signature that this teacher candidate be advanced for admission to Student Teaching.

_____ Satisfactory _____ Unsatisfactory Date _____ Signature _____

_____ Satisfactory _____ Unsatisfactory Date _____ Signature _____