

**Dewar College of Education and Human Services**  
**Application for Clinical Practice**  
**Spring Semester, 2014**

**Deadline for submission to Office of Field Experiences & Clinical Practice (COE, Rm. 2030) Friday, August 30, 2013 – 3:00 p.m.**

(Applications will not be accepted after the deadline. Students who wish to submit applications after the deadline will have to appeal to the Undergraduate and Initial Preparation Policies Committee for approval through the Advising Center, EC room 1020).

**Requirements for Clinical Practice**

- **GACE Basic Skills (or exemption)**
- **Overall minimum 2.5 GPA (3.0 for COMD; 2.75 for ARED, ECE & ECSE)**
- **Completion of all undergraduate coursework (This includes completion of all major courses with at least a grade of "C")**
- **All students must be admitted to Teacher Education**
- **Graduate students must be admitted to their graduate program**

**Please PRINT responses legibly.**

Name: \_\_\_\_\_ VSU ID No: \_\_\_\_\_

Your **VSU e-mail address**: \* \_\_\_\_\_

\*Your school & mentor placement information will be emailed to your VSU email account once confirmed

Your **LiveText username** (not your password): \_\_\_\_\_

Local Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (ZIP Code) Phone: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (ZIP Code) Phone: (\_\_\_\_) \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Teaching Field(s): \_\_\_\_\_  
Applies only to: middle grades, secondary, special education, music

High school attended: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Have you worked as a paraprofessional in any schools? \_\_\_ Yes \_\_\_ No

If yes, please list schools: \_\_\_\_\_

**STUDENTS MAY NOT BE PLACED IN A SCHOOL WHERE THEY HAVE PREVIOUSLY WORKED AS A PARAPROFESSIONAL** Initial after reading \_\_\_\_\_

Do you have any medical conditions of which the university or the clinical practice placement site should be aware?  Yes  No If yes, please describe: \_\_\_\_\_

Do you currently have **immediate** family (e.g. **spouse, child, parent, brother, sister, aunt, uncle, in-law**) **working** or **enrolled** in any schools or school systems?  Yes  No

If yes, please list schools and systems and the individual's relationship to you \_\_\_\_\_

Do you expect to have **immediate** family **working** or **enrolled** in any schools or school systems during your clinical practice?  Yes  No

If yes, please list schools and systems and the individual's relationship to you \_\_\_\_\_

**Before completing the system placement section on the next page, consider the following points VERY carefully:**

- You **may** be required to submit to and pay for a current **Criminal Background Check** by the school system in which you are placed before you will be allowed to enter the schools. The approximate cost is \$60.00. **Favorable results are required of all Criminal Background Checks within the individual school systems providing the criteria. All placements are tentative pending the results and school systems retain the right to refuse placement of any student based on his/her criminal background history.**
- Once placements are made, they will **not** be changed.
- Students will be placed in a site appropriate for their certification area. However, students are not assured of any particular school, any particular teacher in a school, or any particular grade level--nor may students request a particular school, teacher, or grade level.
- Students are **not** to contact individual schools, school systems, teachers, and/or administrators about clinical practice placements.
- The Dewar College of Education & Human Services has close relationships with many local schools; efforts are made to place as many teacher candidates at these schools as possible.
- If you refuse a placement once it is made, you will **not** be placed at another site; and your clinical practice will be delayed a semester.
- As placements are made and confirmed, they will be posted on the COE website and **you will receive an email sent to your VSU email account with the link to the website page and confirmation of your placement.** The COE website is updated, and placement emails are sent to students as quickly as all students are confirmed. Please know securing these placements in collaboration with the schools takes time—so please be patient as we will notify you once **all placements** are confirmed. Please do **NOT** contact the Office of Field Experience & Clinical Practice to ask about your clinical practice placement. Keep checking your VSU email account.
- You may **not** student teach in: (1) A school from which you graduated within the last seven years, (2) A school where you or family members are employed or enrolled, (3) A school in which you have worked as a paraprofessional, or (4) A system in which you or family members are employed in the system office in an administrative capacity or on the board of education.
- You are **not** permitted to take undergraduate coursework (besides seminar) while completing your clinical practice.
- Generally, teacher candidates will be placed within a 60-mile radius of VSU.
- The Dewar College of Education & Human Services reserves the right to refuse to place a teacher candidate at any particular school or within any particular school system.
- Every effort is made to place teacher candidates in their preferred systems; however, the **Office of Field Experiences and Clinical Practice reserves the right to make all final decisions about clinical practice placements.**

**I HAVE READ AND UNDERSTAND THE ABOVE PLACEMENT INFORMATION** Initial \_\_\_\_\_

**Preferred System Placements**

(Middle Grades majors and Secondary Education majors do **NOT** complete this section. Your placements will be made by your major department.)

**Complete either Section A **OR** Section B**

**A.** My preferred **system** placement is (check **ONE**):

- \_\_\_\_\_ Lowndes County Schools **OR** Valdosta City Schools
- \_\_\_\_\_ Brooks County Schools
- \_\_\_\_\_ Cook County Schools
- \_\_\_\_\_ Echols County Schools

**B.** If you are requesting placement in a system **OTHER THAN** the five systems listed above, list your top two preferred **system** placements below. (**CSD majors should list at least 4 preferred systems.**)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Previous Practicum/Observation Experiences**

Please list below the **schools w/grade levels** at which you have completed any practicum/observation experiences in your professional education coursework at VSU (including this semester):

- 1. Current \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**\*Please attach a copy of your unofficial transcript, including all coursework in which you are currently enrolled, from Banner.**

**\*Please attach a copy of your Application for Graduation (pink copy sent to you by the Registrar’s Office after your audit was complete). Required for Bachelor’s degree programs only.**

**\*PLACEMENTS WILL NOT BE MADE UNTIL ALL REQUESTED DOCUMENTS ARE RECEIVED.**

**Student (Please Read Carefully)**

I understand the requirements for clinical practice. I further understand that failure to meet any one of these requirements will result in my **NOT** being allowed to complete my clinical practice. **I also certify that nothing has changed in my criminal background history since my criminal background check was completed.** I further certify that all of my major courses have been completed, or will be completed, with at least a grade of "C" by the time I complete my clinical practice. I understand that I will not be excused for any reason from attending the **mandatory** Clinical Practice Orientation on **Friday, January 10, 2014**, and the first day to report to the schools is **Monday, January 13, 2014**.

I also understand that if I have to cancel my clinical practice placement for any reason, it is my responsibility to notify the Office of Field Experiences & Clinical Practice, my department head, and my advisor. If for any reason my clinical practice placement is cancelled, I understand that I **must re-apply** for clinical practice for the semester I intend to complete it.

I further understand that falsification of any information provided on this application or any unreported change in my eligibility to complete my clinical practice will result in my not being allowed to complete the semester or being removed from clinical practice.

NOTE: A fee of \$100 will be assessed for each student for clinical practice. This fee is assessed as part of the student's regular fees (included in tuition).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Applications are not complete and no placement will be made until the following are provided:**

\***CHECKLIST**- Please Initial Each

- \_\_\_\_ Advisor's Signature on Application
- \_\_\_\_ Copy of Unofficial Transcript
- \_\_\_\_ \*Copy of Application for Graduation (**pink copy sent to you by the Registrar's Office**), required for Bachelor's degree programs only
- \_\_\_\_ Verification of Current Liability Insurance (**copy of insurance card showing dates of coverage**)

**Advisor**

I have verified that this student meets all of the requirements to complete clinical practice and that he/she is on schedule to complete all coursework prior to the clinical practice experience.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to: Ms. Becky Wetherington  
Office of Field Experiences & Clinical Practice  
Dewar College of Education, Room 2030**

Do Not Write in this Section. For Office Use Only	
GPA: _____	All Required Coursework Completed Yes No
Liability Insurance: Yes No Expires: _____	Missing Requirements: _____
Applied for Graduation: _____	_____
Admitted to Teacher Education: Yes No 5999 (CSD only)	_____