

Application for Student Teaching

Washburn University

PERSONAL INFORMATION

Last Name:

First Name:

Address:

City/State/ZIP:

Washburn Email:

WIN Number:

Local Phone Number:

Student Teaching Semester: Fall

Spring

(Year)

(Year)

*(If you are unable to student teach during the selected semester,
fill out another Student Teacher Application for the appropriate semester.)*

Licensure Area(s): (Check all that apply)

- ☐ Elementary K-6
- ☐ Middle School (5-8) Mathematics
- ☐ Middle School (5-8) English
- ☐ Middle School (5-8) History
- ☐ SPED (K-6)
- ☐ Early Childhood (Birth-Grade 3)
- ☐ Secondary (6-12) Biology
- ☐ Secondary (6-12) Chemistry
- ☐ Secondary (6-12) English
- ☐ Secondary (6-12) Mathematics
- ☐ Secondary (6-12) History
- ☐ P-12 Art
- ☐ P-12 French
- ☐ P-12 German
- ☐ P-12 Spanish
- ☐ P-12 Music
- ☐ P-12 Physical Education
- ☐ P-12 ESOL

Licensure ONLY:

- ☐ Elementary K-6
- ☐ Middle School (5-8) Mathematics
- ☐ Middle School (5-8) English
- ☐ Middle School (5-8) History
- ☐ SPED (K-6)
- ☐ Early Childhood (Birth-Grade 3)

- ☐ Secondary (6-12) Biology
- ☐ Secondary (6-12) Chemistry
- ☐ Secondary (6-12) English
- ☐ Secondary (6-12) Mathematics
- ☐ Secondary (6-12) History
- ☐ P-12 Art
- ☐ P-12 French
- ☐ P-12 German
- ☐ P-12 Spanish
- ☐ P-12 Music
- ☐ P-12 Physical Education
- ☐ P-12 ESOL

BACKGROUND INFORMATION

Final placements will be influenced by previous experiences

List the schools attended: Elementary:
 Middle/Jr. High:
 High School:

ASSIGNMENT PREFERENCES

Assignment preferences will be influenced by prior practicum experiences. A preference sheet will help identify these practicum experiences during Phase 2 of the student teacher process.

CRIMINAL ACTIVITY

1. Have you ever been convicted of a felony or crime involving dishonesty, a controlled substance, or a child?
☐ No
☐ Yes (Please attach a copy of court documents regarding conviction.)

2. Have you entered into a criminal diversion agreement after being charged with any offense described in the previous question?
☐ No
☐ Yes (Please attach a copy of court documents regarding diversion.)

3. Are criminal charges pending against you in any state involving any of the offenses described above?
☐ No
☐ Yes (Please attach a copy of court documents regarding charges.)

4. Have you had a teacher or administrator certificate or license denied, suspended, or revoked or been the subject of other disciplinary action in any state? (Please attach a copy of the documents regarding the official action taken.)
☐ No

- ☐ Yes – Denied
- ☐ Yes – Suspended
- ☐ Yes – Revoked
- ☐ Yes – Action Pending

5. Is disciplinary action pending against you in any state regarding a teacher or administrator certificate or license?

- ☐ No
- ☐ Yes (Please attach a copy of the official documents regarding the action pending against you.)

SUMMARY – Please share any additional information that you feel important for the committee to consider when determining your eligibility to student teach in your preferred semester.

Advisor's Name:

Advisor's Email:

Submission of this application affirms that all information in this application is **true** and **accurate**.

8/2/2017