

**INTERNSHIP II/GRADUATE INTERNSHIP APPLICATION
DEPARTMENT APPROVAL CHECKLIST**

Due Monday, October 19, 2009 @ 5.p.m. to your department office

It is very important that the following items meet the criteria as outlined in the catalog before full application is forwarded to the Office of Field Experiences, Clinical Practice and Partnerships.

This form is the coversheet to the candidate's Internship II/Graduate Internship application. The candidate fills out the first four lines.

Teacher Candidate _____ Date _____

AASU ID 907-_____

Degree (Circle all that apply): BSED Sav. BSED Bruns, MAT, Post Bac,

Teacher of Record

Program (Circle One):

Art Biology Chemistry ECE English History Middle Grades Mathematics Music
PEHM Physics Science Spanish SPED

Application Approved by: _____
Department Head Signature

*The following items **MUST** be confirmed by the appropriate department head before sending to FECPP:*

	1. Admitted as a candidate to the department program - Submit copy of white card, Date admitted _____ Card# _____
	2. Successful completion of all courses on the Program of Study-Attach signed Program of Study Demonstration of "Basic or Better on Domains 1 and 4 of the PEU Performance Outcomes Instrument
	3. Undergraduate Candidates: Cumulative GPA of 2.5 or better and a "C" or better in all courses acceptable toward the teaching field, professional sequence, concentration(s), and related electives -Transcripts Graduate Candidates: Cumulative GPA of 3.0 or better -Transcripts
	4. Internship Placement Policy and Affirmation (INT-1 and 2) Signed and dated by applicant
	5. Completed and Signed Candidate Data Sheets (Int-3)
	6. Completed Int-4-Field Experience History
	7. Completed Int-5- Current Course Enrollment Form
	8. Passing GACE II Content Scores submitted by November 18, 2009-on Transcript or copy attached
	9. Acceptable Candidate Disposition Assessments INT-9 (2 – Must be attached to application)
	10. Background Check Consent form signed and notarized (<i>Not required if Candidate is employed by a school district.</i>)
	11. Proof of current liability insurance – copy attached
	12. Principal's Acknowledgement – INT 7 (For Post-Bac and M.A.T. Candidates who are requesting to complete a Graduate Internship in their own classrooms. – Department Head must approve the request - See Grey Box on form.)
	13. Departmental Requirements: HPE and ECE require CPR/1 st Aid (adult/child/infant)- Attach copy of card
	14. Courtesy Placement Request form (INT – 10) If, applicable, must be submitted to Dept. by October 1, 2009.



ARMSTRONG ATLANTIC STATE UNIVERSITY

(Print your College of Education Department Name in this space)

Internship II (Student Teaching) OR Graduate Internship Application

DIRECTIONS FOR RETURNING FORMS AND MATERIALS

Arrange completed application packet as instructed below and return it to your Major Department Office no later than the October 19, 2009 by 5 p.m.

When you register for the appropriate Internship course, you will be assessed a \$325 Internship Fee through the Registrar's Office. Please confirm with your academic advisor that you are registering for the appropriate internship course.

****Applications and forms WILL NOT be accepted and will be returned if incomplete or late! ****

1. Admitted as a candidate to the department program-Submit copy of white card (date admitted and card #)
2. Successful completion of all courses on the Program of Study-Attach signed Program of Study. Photocopy of **signed** Program of Study (POS) you have been following during your coursework at AASU. Please make sure your program of study is UP-TO-DATE and signed by your academic advisor. If course substitutions have been made in your program of study, documentation must accompany your application.
3. **Undergraduate Candidates:** Cumulative GPA of 2.5 or better and a "C" or better in all courses acceptable toward the teaching field, professional sequence, concentration (s), and related electives. **Graduate Candidates:** Cumulative GPA of 3.0 or better. Transcript(s): **ALL** teacher candidates must submit an up-to-date AASU transcript with their application. (This does not have to be an "Official" transcript – it may be printed from S.H.I.P.) If you have taken any course(s) at other institutions that do not appear on your AASU transcript, you **MUST** submit an official transcript to the Registrar's Office at AASU in order to receive credit. If you are an Alternative Preparation student, you must also include transcripts from all other colleges and/or universities you have attended.
4. Internship Placement Policy and Affirmation (INT-1 and 2) Signed and dated by applicant
5. Completed and Signed Candidate Data Sheets (INT-3)
6. Completed Int-4 Field Experience History
7. Completed Int-5 Current Course Enrollment Form
8. Proof of passing GACE II Content Scores must be submitted to the Office of Field Experience, Clinical Practice and Partnership by November 18, 2009- Please attach a copy
9. Acceptable Candidate Disposition Assessment INT-9 (2- Must be attached to application) Disposition Assessments: All teacher candidates need to request LiveText disposition assessments from two AASU faculty members with whom you have completed coursework on your current Program of Study. Instructions for requesting the disposition assessments are attached. (See Also Step 8 above.)
10. Background Check Consent form signed and notarized (Not required if Candidate is employed by a school district.) Return to the College of Education, Office of Field Experience, Clinical Practice and Partnership, Room 256
11. Proof of current liability insurance – copy attached
12. Principal's Acknowledgement – INT 7 (For Post-Bac and M.A.T. Candidates who are requesting to complete a Graduate Internship in their own classrooms. -Department Head must approve the request – See Gray Box on form.) Graduate Post-Bac and/or M.A.T. Interns who are employed by a school district must submit Form INT-7 signed by the principal of their school. This form must be submitted as soon as possible and all Teacher of Record Graduate Intern positions must be approved by the appropriate department head. The form must be taken to your principal and he/she is to return it to the Office of Field Experiences, Clinical Practice and Partnerships or you may attach the signed form to your application packet. ***This letter will be accepted in lieu of the Background Check Consent Form (INT-6).***
13. Department Requirements: HPE and ECE require CPR/1st Aid (adult/child/infant)- Attach copy of card
14. Courtesy Placement for (INT-10) If, applicable, must be submitted with letter explaining reason for request to Department Chair. by October 1, 2009

FORM INT-1

Armstrong Atlantic State University

College of Education

Internship Placement Policies and Affirmation

The College of Education places its teacher candidates in Internship II and Graduate Internships exclusively in SACS accredited public schools.

Any Teacher of Record who wishes to complete the Graduate Internship in the teacher's assigned classroom must have written approval from the principal of the school as well as his/her department head. Graduate Internships will only be permitted in P-12 public schools. If a teacher of record is working in SACS accredited private school, the placement and the specific grade level/content being taught must be approved by the candidate's department head. A graduate internship will be approved only if it is to be conducted within a classroom that supports the applicant's Program of Study. The program of study is designed to lead to certification in a specific area.

Note: All Early Childhood Education internships (Internship II/Student Teaching and Graduate Internship) must be completed in a self-contained P-5 classroom.

Placements are arranged by the Office of Field Experiences, Clinical Practice and Partnerships in conjunction with the local school systems and principals and in compliance with the College of Education policies and procedures governing such placements.

If an applicant is requesting a courtesy placement outside AASU's service area, the **Courtesy Placement Request** form must be submitted to his/her department head no later than **October 1, 2009** to be considered for a spring 2010 placement. Along with the completed request form, the applicant must also submit a detailed letter addressed to his/her department head explaining the need for the courtesy placement.

The due date for the Application to Internship II/Graduate Internship is October 19, 2009 by 5 p.m. All application packets must be submitted as a complete file on or before that date. (Note: This includes the two completed disposition assessments. You may print them and attach them to your application.)

Applicants are no longer required to submit a check in the amount of \$325 for the Internship Fee. This fee will now be assessed by the Registrar's Office when you register for the appropriate internship course.

I, _____, acknowledge receipt of the College of Education's policy regarding Internship II and Graduate Internship placements.

Signature

Date

FORM INT- 2
AFFIRMATION

Armstrong Atlantic State University requires that all teacher education graduates and certification candidates: (1) submit proof of passing scores on the GACE Content Assessment or PRAXIS II (if taken before March 5, 2007) as an internship requirement. The Georgia Professional Standards Commission (PSC) requires that all teacher candidates have passed the GACE Content Assessment or PRAXIS II (if taken prior to March 5, 2007) to be recommended for certification; the Georgia PSC also requires proof of technology competency to be recommended for certification and (2) that prospective AASU graduates submit to the Registrar a completed Application for Graduation at least two semesters before graduation.

Interns requiring placement will not be permitted to teach in a school in which their children are enrolled or immediate family members (i.e. spouse, parent, and sibling) are employed.

I understand that I will not be admitted to Internship II/Graduate Internship until proof of the following is documented in the appropriate department by the application deadline date.

- Admission to Candidacy
- Completion of all coursework at the required level
- Positive candidate disposition assessments (Submitted in LiveText)
- Passing GACE Content Assessment scores in area in that candidate is seeking certification

NAME PRINTED _____ ID# 907 - _____

SIGNATURE _____ DATE _____

FORM INT-3

Internship II/Graduate Internship Data Sheet

My program is based upon (Check One):

Please circle either A or B

_____ Undergraduate degree at AASU (4750)

A. I need a placement coordinated for my internship.
(Complete Form INT-6 and 8)

_____ Undergraduate Post-Bac program at AASU

_____ Graduate Post-Bac program at AASU (6750)

B. I am currently employed by a **SACS** accredited school as the teacher of record (i.e. Lead Teacher) of a classroom in the field in which I am seeking certification; therefore, I am requesting to complete my Graduate Internship in that classroom. (See Form INT-7)

_____ M.A.T. degree at AASU (6750)

_____ Joint program with SSU

College of Education – Armstrong Atlantic State University

Name:

DOB:

Last

First

MI

(DD/MM/YYYY)

Preferred Name: Mr. Ms. Mrs. (Circle One)

First

Last

Local (Mailing) Address:

(Street)

(City)

(Zip code)

Student ID: **907** -

Telephone with Area Code:

(Home)

(Alternate)

E-Mail Address:

Semester requested for Internship II/Graduate Internship: (Circle One) Fall Spring 20_____

Current GPA at Time of Application: _____

Teaching Field Major: Middle Grades majors must list and specify primary and secondary concentrations. P-12 and 7-12, please specify subject area.

() PK-5

() Middle Grades Concentration Areas _____

() P-12 **OR** () 6-12 Subject Area _____

DATA SHEET (FORM INT-1) CONTINUED ON BACK

Revised 08/16/2009



Date of Admission to Candidacy in College of Education Department: _____

Special accommodations (disability) documentation:

Colleges/Universities Attended:

Education Honors/Awards/Organizations:

Teacher Related Experience: (Church school, scouts, YMCA, YWCA, teacher aide, etc.)

Please use the space below to list all schools which your children attend or where immediate family members (i.e. spouse, parents, and siblings) are employed. Note: You will not be allowed a placement in a school in which your children attend or your immediate family members work. By signing this form, you indicate your understanding of this policy. It is your responsibility to let the Office of Field Experiences, Clinical Practice and Partnerships know of any placement you receive that violates this policy.

READ THE FOLLOWING STATEMENT AND SIGN IN THE DESIGNATED PLACE.

I understand that this application will be forwarded to the school system where an internship placement is sought. I certify that the information given in this application is correct. The information supplied does not guarantee me a placement in a particular school or school system.

Signature _____

Date _____

FORM INT – 5

Current Course Enrollment Information

Please list ALL courses (AASU classes as well as classes at other institutions) you are taking the semester prior to Internship. If you are applying for a fall internship, please list all spring courses as well as summer courses. If you are applying for a spring internship, please list your fall courses.

NAME _____

ID#: 907 - _____

COURSE NO.

TITLE

SEMESTER _____

All courses are to be completed prior to internship II

Please Note: If you plan to take a course with Graduate Internship/Internship II, you must file on appeal with your department head, prior to submitting your application. See appeal form on field experiences (exception: ECUG 4300).



COLLEGE OF EDUCATION

CRIMINAL BACKGROUND CHECK CONSENT FORM

FOR OFFICE USE ONLY

Field Experiences

Admission to Candidacy

Internship/ Internship II

The College of Education conducts criminal background checks on students who will be participating in field experiences, applying for admission to department teacher certification programs, and admission to Internship II. Criminal Background checks must be completed for each teacher candidate before a candidate is allowed to enter the classroom to begin any field experience and/or internship. The only exception to this policy are candidates who are currently employed by a school district who in lieu of the criminal background check must provide an employment verification form to their respective department.

DEGREE

- Bachelor
- Master of Arts in Teaching
- Master of Education
- Other: **(Please identify)**

CONCENTRATION / DEPARTMENT

- | | |
|---|--|
| <input type="checkbox"/> Early Childhood Education (P-5) | <input type="checkbox"/> Mathematics (P-12) |
| <input type="checkbox"/> Middle Grades Education (4-8) | <input type="checkbox"/> Art / Music (P-12) |
| <input type="checkbox"/> Secondary Education (6-12) | <input type="checkbox"/> Spanish (P-12) / English (P-12) |
| <input type="checkbox"/> Health & Physical Education (P-12) | <input type="checkbox"/> Other: (Please identify) |
| <input type="checkbox"/> Special Education (P-12) | |

DO YOU HAVE A COLLEGE OF EDUCATION IDENTIFICATION CARD?

If the answer is "YES," what is the number on your card?

- YES NO

DID YOU COMPLETE THIS FORM LAST SEMESTER FOR PERMISSION TO PARTICIPATE IN FIELD EXPERIENCES OR PRACTICUMS?

- YES NO

SECTION A PLEASE PRINT LEGIBLY. ALL FIELDS MUST BE FILLED IN FOR THE BACKGROUND CHECK TO BE PERFORMED.

BIRTH DATE (MM/DD/YYYY) CURRENT AASU STUDENT ID SOCIAL SECURITY NUMBER (REQUIRED)

FULL LEGAL NAME (LAST FIRST MIDDLE NAME) FORMER/MAIDEN (IF APPLICABLE)

ADDRESS

CITY STATE ZIP CODE PLACE OF BIRTH (CITY, STATE)

ETHNIC STATUS Am. Indian/Alaskan Native Caucasian (Non-Hispanic Origin) Hispanic **SEX** Male
 Asian/Pacific Islander Black (Non-Hispanic Origin) Multiracial Female
 Other (Specify) _____

PERSONAL DISCLOSURE

When answering this question, be sure to include any violation that resulted in a citation, dismissal, or conviction including any action which you thought had been stricken from your record.

Have you ever been arrested for a charge other than a minor traffic violation? YES NO

IF THE ANSWER TO THE ABOVE QUESTION IS "YES," PLEASE ATTACH THE COLLEGE OF EDUCATION PERSONAL DISCLOSURE FORM AND IN SOME INSTANCES, EVIDENCE OF JUDICIAL DISPOSITIONS AND/OR ADJUDICATION RECORDS WILL BE REQUIRED.

SECTION B SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC. YOU MUST PRESENT A PHOTO ID.

I hereby authorize the Division of Public Safety, Armstrong Atlantic State University, Savannah, Georgia to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. Furthermore, I hereby acknowledge that acceptance into or completion of a teacher preparation program through the College of Education does not guarantee employment by a school district nor licensure by the Professional Standards Commission.

Sworn to and subscribed before me on _____

 L.S.
SIGNATURE

NOTARY PUBLIC

- SUFFICIENTLY PROVEN _____
- PERSONALLY KNOWN TO ME

(NOTARY SEAL)

<i>Office Use Only:</i>		
Dept. Approval?	Yes	No
Dept. Head:	_____	
Signature:	_____	

Form INT-7



Office of Field Experiences, Clinical Practice
and Partnerships
College of Education
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, Georgia 31419-1997
912.344.2757

Dear Principal,

Please complete and return this form to Susan Cooke in the Office of Field Experiences, Clinical Practice and Partnerships if you approve and recommend the individual listed below for an internship while employed as a teacher of record at your school.

By signing this form, you also certify that a clear background check has been received for this employee by your school system. Also, please list the name of a qualified teacher or administrator you have selected to serve as a mentor for the intern. The mentor must be a current teacher or administrator who holds a clear renewable certificate in the field in which the intern is teaching.

If you have any questions or concerns regarding this request, please call me at 912.344.3155. Your cooperation is appreciated.

Sincerely,

Susan L. Cooke, Director
Office of Field Experiences, Clinical Practice and Partnerships

Please print clearly.

Prospective Intern _____

Mentor _____

School _____

Grade/Content _____

Principal's Printed Name _____

Principal's Signature _____ Date _____

*****For Independent Schools Only*****

Is your school's curriculum aligned with the GA Performance Standards? ___ Yes ___ No What kind of Accreditation does your school hold? _____

LiveText Disposition Request Data Form

Instructions: Please use this form to communicate to your department which Dispositions you would like used as a part of your Internship II/Graduate Internship Application. Please note that all dispositions must be received by the professors no later than the application due date. Do not wait until the due date to request the Disposition Assessment from your instructors.

Candidate's Name _____

AASU ID # 907-_____

LiveText Username _____

E-Mail Address _____

Phone _____
Home Cell/Alternate

Disposition Request #1

Faculty Member Name _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

Disposition Request #2

Faculty Member Name _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

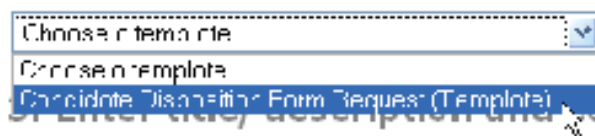
REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

1. First, contact the instructor in person, via email, or via phone and let them know that you are requesting a dispositions assessment from them. If they agree, proceed to the next step in the process.
2. Log into your LiveText account and create a dispositions request document in LiveText using the existing template "Candidate Disposition Form Request" (in the *GA: Armstrong Atlantic State University* >> Student Template folder).

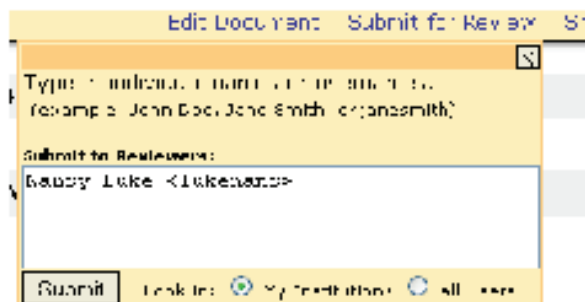
1. Choose a folder



2. Choose a template



3. Use the following naming convention for the Title of your document when creating your disposition request document:
(your full name) –(your major) – Dispositions Form - Semester and Year
Jackie Burkhardt – ECE – Dispositions Form - Sum07
4. Edit the section which requests your name, program, and other relevant information NOTE: This is at the bottom of the document and you may need to scroll down the page once you have clicked "edit". Once you have typed in this information, select the "Save" button at the bottom of the page and then click the "Finish" button at the top right of the page. At the top of the screen, select the "Submit for Review" link. In the box that pops up, type in the last name of the person who will be completing your dispositions form. A list will appear in the lower part of the pop-up box or in the top part of the pop-up box itself. Click on the appropriate reviewer's name so that it appears in the top part of the pop-up box.



5. Select the "Submit" button. You should receive a confirmation message stating that the submission was successful. Check later in your *Reviews* area in LiveText to see the disposition form that has been filled out for you. NOTE: If you are submitting this dispositions request to more than one reviewer, you may repeat steps 4 and 5 using the same document but altering the information and searching for an additional reviewer in the pop-up box listing possible reviewers.
6. Be patient. Once your reviewer has completed your disposition form, you can check your results in your *Reviews* area. Remember to click on the "Sent for Review" tab and then click the link to view your review.

Form INT - 10
Courtesy Placement Request Form

Instructions: Read the Courtesy Placement Policy to ensure you qualify to request a placement outside of AASU's service area. Complete this form with all of the requested information. Once completed submit it to your College of Education Academic Advisor for approval. Along with this form, a formal letter addressed to your department must be submitted detailing the reasons for your request. If approved, your Academic Advisor will then submit the request to your department chair for his/her approval.

DEADLINES: If you are requesting a courtesy placement for a Spring Internship, your request is due to your academic advisor no later than October 1st. If you are requesting a courtesy placement for a Fall Internship, your request is due to your academic advisor no later than March 1st.

This form is only submitted if you are requesting a placement for your internship outside AASU's service area.

Date Submitted _____

Candidate's Name _____

AASU ID# 907 - _____

E-Mail Address _____

Phone _____
Home Cell/Alternate

Mailing Address _____
Street Address

City State Zip Code

When are you planning to complete your internship? _____ (Semester) _____ (Year)

Program of Study & Concentration Information:

Circle One: ECE P-12 Middle Grades Secondary

Circle One: Circle all that apply: (Should be at least two for Middle Grades)

Undergrad	Math
Post Bac	Science
Graduate	Social Studies
	History
	Language Arts
	English
	P-12 Art
	P-12 Music
	P-12 Spanish
	P-12 Special Education
	P-12 Health & PE

Continued on the Back



Geographical Area Requested: _____
County City State

Requested Institution (University/College) to Supervise Placement:

Institution Name

Contact Name & Phone Number (If Known)

Street Address

City State Zip Code Phone Number with Area Code

*Do Not Write in the Space Below
Office Use Only*

Form Received on _____ by _____.

Approved by Candidate's Academic Advisor

Signature Date

Printed Name

Approved by (Department Head)

Signature Date

Printed Name

Received by FECPP:

Date

Date University Contacted Contact Name and Phone Number

Date Placement Accepted by University Cooperating P-12 School Assigned