

ARMSTRONG ATLANTIC STATE UNIVERSITY



(Department Name)

**Internship II (Student Teaching)
OR
Graduate Internship Application**

DIRECTIONS FOR RETURNING FORMS AND MATERIALS

Arrange application packet as instructed below and **return it to your Major Department Office** no later than the *due date.

A check made payable to AASU in the amount of \$250.00 for the Internship fee must be submitted with your application.

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

1. Handwrite the name of your College of Education Department in the space at the top of this form.
2. Check in the amount of \$250.00 made payable to AASU
3. Completed and Signed INT-1 (Data Sheet)
4. Completed INT-2 – Field Experience History
5. Completed INT-3 – Educational Experience
6. Completed INT-4 – Current Course Enrollment
7. Signed INT-5 - Affirmation
8. Completed and Signed INT-6 – Background Check Consent Form
(If a teacher candidate is currently employed by the school system INT-7 will be accepted in lieu of INT-6.)
9. Completed and Signed INT 8 – Internship II Preference Form *(This form should only be completed if you are requesting a placement. Do not request a placement if you are a post-bac candidate or an M.A.T. candidate and you plan to intern in your own classroom for which you are the teacher of record.)*
10. Completed INT 9 – LiveText Disposition Request Data Form
11. 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.
12. 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.
13. Disposition Assessments: All teacher candidates need to request LiveText disposition assessments from two AASU faculty members with whom you have completed coursework. Instructions for requesting the disposition assessments are attached. (See Also Step 10 above.)
14. 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. 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).
15. Any appeals regarding admission to Internship II/Graduate Internship must be addressed to the appropriate department head and attached to the front of your application. Requests for courtesy internship placements outside the service area must also be approved by the appropriate department head. If requesting a courtesy placement, please use form INT-10.

***DUE DATES:**

Applications for **Fall Internship** are due March 21st (If March 21st falls on a weekend, they are due the next Monday.)

Applications for **Spring Internship** are due October 31st (If Oct. 31st falls on a weekend, applications are due the next Monday.)

Return to the department secretary in the department of your Program of Study no later than the due date listed above.

(Revised 1/7/08)

Effective Beginning with Fall 2008 Applications

FORM INT-1

**Internship II/Graduate Internship Data Sheet
College of Education – Armstrong Atlantic State University**

My program is based upon (Check One):

Please circle either A or B

- _____ Undergraduate degree at AASU (4750)
- _____ Undergraduate Post-Bac program at AASU (4811/4812)
- _____ Graduate Post-Bac program at AASU (6750)
- _____ M.A.T. degree at AASU (6750)
- _____ Joint program with SSU

- A. I need a placement coordinated for my internship.
- 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 do not need to have a placement coordinated for my internship.

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 _____

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, 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-3

EDUCATIONAL EXPERIENCE

INSTRUCTIONS: A typed list of your Educational Experiences should be included in your application packet. This list is used to communicate all pertinent data to your cooperating teacher. Your cooperating teacher will be given a copy of this document.

The following headings should be included:

- Name
- Personal Contact Information (address/phone/email)
- Educational Background (high school, other colleges and/or degrees, etc.)
- Related Work Experience (i.e. tutoring, camp counselor, etc.)
- Field Experience Placements (School Name and Grade(s)/Subjects) to date

FORM INT-4

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

Please Note: If you are taking classes at an institution other than AASU, you must submit a grade report or transcript before your internship begins. You will not be allowed to begin Internship II/Graduate Internship until we have proof that you have satisfactorily completed all required courses.

FORM INT- 5
AFFIRMATION

Armstrong Atlantic State University requires that all teacher education graduates and certification candidates: (1) submit proof of completion of the GACE Content Assessment or PRAXIS II (if taken before March 5, 2007) as a graduation 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, sibling) are employed.

I certify that I am aware of these responsibilities and requirements, and I realize that failure to file the necessary paperwork may result in a delay in acceptance to Internship II/Graduate Internship, graduation or certification. Passing scores for all sections of the GACE Basic Skills Assessment or a composite score of at least 526 on PRAXIS I (if taken prior to March 5, 2007) must be filed with the appropriate department before I will be accepted into Internship II/Graduate Internship. I also certify that I have read and do understand the section concerning Internship II/Graduate Internship in the current Armstrong Atlantic State University Catalog and believe that I have satisfied all requirements.

I understand that I may not be admitted to Internship II/Graduate Internship until proof of the following is documented in the appropriate department **and** visible in my LiveText account.

- Admission to Candidacy
- Completion of all coursework at the required level
- Positive candidate disposition assessments
- Passing scores for all sections of the GACE Basic Skills Assessment or a composite score of at least 526 on PRAXIS I

NAME PRINTED _____

ID# 907 - _____

SIGNATURE _____

DATE _____

INT-6
BACKGROUND CHECK CONSENT FORM

FOR OFFICE USE ONLY!
 Field Experiences
 Admission to Candidacy
 Internship II/Graduate Internship

(Print Department of Program of Study in Above Space)

The College of Education conducts a criminal background check on students who will be participating in field experiences, applying for Admission to Candidacy, and applying for Admission to Internship. The Criminal Background Check must be completed before a candidate is allowed to enter the classroom to begin field experiences and/or internship.

Did you complete this form within the last 6 months for permission to participate in field experiences?

_____ **YES** If you answered "YES", complete Section "A" only. If it is determined that you answered in error, the form will be returned to you to complete Section "B" & "C" in the presence of a notary public. This will delay the processing of your background check and thus delay the processing of your field experience/internship placement.

_____ **NO** If you answered "NO", please complete sections A, B and C.

SECTION A:
(Please Print)

SECTION B:

Personal Disclosure

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

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.

If the answer to the above question is yes, please attach a separate sheet explaining the reason.

SECTION C:

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.

(Affix Notary Seal)

Form INT-7



Office of Office of Field Experiences, Clinical
Practice and Partnerships
College of Education
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, Georgia 31419-1997
912.927.5294

Dear Principal,

Please complete and return this form to Laura Caputo in the Office of Field Experiences, Clinical Practice and Partnerships if you approve and recommend the individual for an internship while employed at your school. By signing this form, you also certify that a clear background check has been received for this employee by your school board. Also, please list the name of a qualified teacher or administrator you have selected to serve as a mentor for the intern.

If you have any questions or concerns regarding this request, please call me at 912.921.5537. Your cooperation is appreciated.

Sincerely,

Laura W. Caputo, Director
Office of Field Experiences, Clinical Practice and Partnerships

Prospective Intern _____

Mentor _____

School _____

Grade/Content _____

Comments _____

Principal's Signature _____

Date _____

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

Is your school's curriculum aligned with the GA Performance Standards?

_____ Yes _____ No

Form INT-8
Internship II Preference Form

Note: This form in no way guarantees that you will receive a placement in one of the three schools listed below. Placements are made by taking several factors into consideration and in collaboration with the various school districts. Our office will use this form and these requests as a guide for coordinating your placements with the appropriate school system. Candidates are not allowed to arrange their own placements. Please do not contact any schools to request a placement for your internship.

Name: _____

Local Address: _____

Phone Number: _____

Alt. (Cell) Phone Number: _____

AASU Student ID: **907-**_____

Preferred School District(s): _____

School Preferences:

School 1st Choice _____

School 2nd Choice _____

School 3rd Choice _____

Grade Level 1st Choice _____

Grade Level 2nd Choice _____

Grade Level 3rd Choice _____

For Non ECE Majors _____

Content/Subject: 1st Choice _____

Content/Subject: 2nd Choice _____

I, _____, understand that this form will be used for informational purposes by the Office of Field Experiences, Clinical Practice and Partnerships and in no way guarantees that I will receive a placement in any of the schools or grade levels listed above.

Signature

Date

Form INT - 9
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: _____

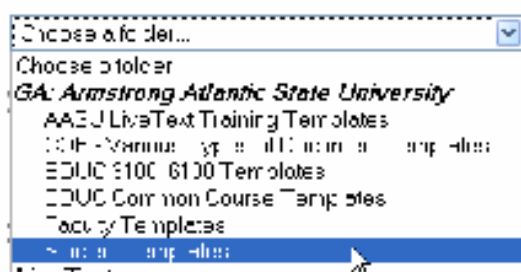
Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

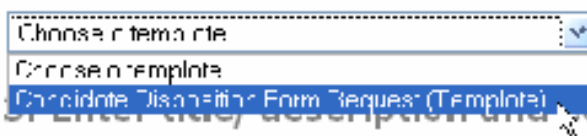
REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

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).

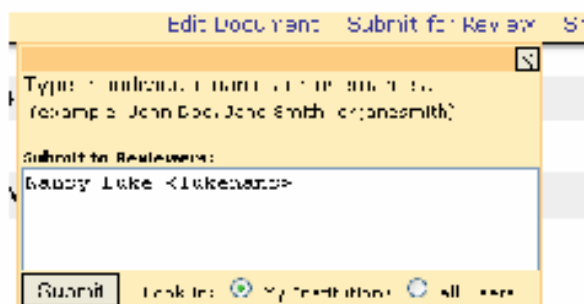
1. Choose a folder



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: Complete this form with all of the requested information. Once completed submit it to your department chair (College of Education Department Chair) for approval. Your Department Chair will then submit it to the Office of Field Experiences, Clinical Practice and Partnerships.

This form must be submitted with your Internship II/Graduate Internship Application only if you are requesting a placement 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*

Approved by (Department Representative)

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