



## 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 March 21st.

**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 if incomplete or late! \*\****

1. Handwrite the name of your College of Education Department in the space at the top of this form.
2. Sign and Date the Internship Placement Policy Acknowledgment (INT – 1)
3. Complete and Sign INT-2 (Data Sheet)
4. Complete INT-3 – Field Experience History
5. Complete INT-4 – Current Course Enrollment
6. Sign INT-5 - Affirmation
7. Complete and Sign INT-6 – Background Check Consent Form  
*(If a teacher candidate is currently employed by a public school system INT-7 will be accepted in lieu of INT-6.)*
8. Complete INT 9 – LiveText Disposition Request Data Form
9. 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.
10. 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.
11. 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.)
12. 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. Proof of GACE II Content Assessment must be submitted to the Office of Field Experience, Clinical Practice and Partnership no later than July 15, 2009 in UH 256 by 5 p.m.
14. Photocopy of liability insurance must be attached to your application.
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.

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

**(Revised 09/15/08)**

***Effective Beginning with Fall 2009 Applications***

**FORM INT-1**

**Armstrong Atlantic State University**

**College of Education**

**Internship Placement Policy**

The College of Education places its teacher candidates in Internship II and Graduate Internships exclusively in SACS accredited 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 or SACS accredited private schools. The specific grade level/content being taught must also be approved by the teacher 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 March 1, 2009 to be considered for a fall 2009 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 March 23, 2009. 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.

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

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Signature

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Date

**FORM INT-2**

**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)

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

Name:

DOB:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Local (Mailing) Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student ID: **907** - \_\_\_\_\_

Telephone with Area Code:

\_\_\_\_\_

\_\_\_\_\_

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**



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 – 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 to the Registrar’s Office as well as the Office of Field Experiences, Clinical Practice and Partnerships 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 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 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.

- Admission to Candidacy
- Completion of all coursework at the required level
- Positive candidate disposition assessments (Submitted in LiveText)
- Passing scores for all sections of the GACE Basic Skills Assessment or a composite score of at least 526 on PRAXIS I
- Passing scores an GACE Content Assessment in area in which candidate is seeking certification

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.

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**SECTION A:  
(Please Print)**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Names Used

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (City, State)

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**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.

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**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, and 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Notarized

**(Affix Notary Seal)**

Office Use Only:

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 White in the Office of Field Experiences, Clinical Practice and Partnerships if you approve and recommend the individual listed below for an internship while employed at your school.

***You may fax the form to my attention at 912.344.3412.***

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 912.344.2757. Your cooperation is appreciated.

Sincerely,

Susan S. White, Interim Director  
Office of Field Experiences, Clinical Practice and Partnerships

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***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: \_\_\_\_\_

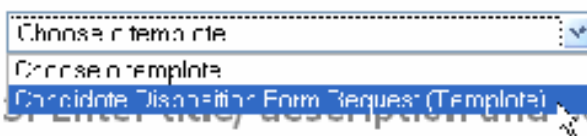
## REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

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).

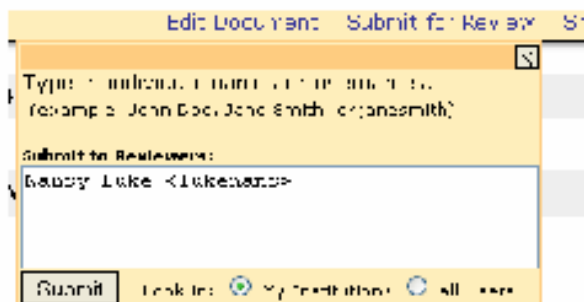
### 1. Choose a folder



### 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:** 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 1<sup>st</sup>. If you are requesting a courtesy placement for a Fall Internship, your request is due to your academic advisor no later than March 1<sup>st</sup>.

**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

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*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