AUGUSTANA UNIVERSITY STUDENT TEACHING/CLINICAL PRACTICUM INTENT FORM

This form is DUE to the Field Placement Coordinator on December 1 prior to the academic year of student teaching.

Name:   ID#:   College Box #:

Cell Phone:   Home Phone:

Major(s):   Minor:

Home Address:

E-Mail Address:

Academic Advisor:

Check ALL Areas in which you wish to student teach: (Please indicate if you are interested in completing your student teaching in a district other than Sioux Falls Public Schools.)

___ EDUC 473  Kindergarten

___ EDUC 472  Elementary  Grade preference ________  1 placement/2 placements

___ EDUC 471  Middle School  LA  MATH  SCI  SS

___ EDUC 474  Secondary  BIO/CHEM/ENGLISH/GOVT/HIST/PHYS/SPEECH/THEA

___ EDUC 470  All Grades  ART/PE/HLTH/MDFL/MUSIC (Instrumental/Vocal/Orchestra)

___ SPED 480  Special Education – ED

___ SPED 481  Special Education - CI/Autism

___ SPED 486  Special Education - LD

List any special requests or comments on the BACK of this form and return the form to the EDUCATION DEPARTMENT

Candidates MUST submit PRAXIS exam scores as required by the Education Department and SD DOE PRIOR to the start of the student teaching experience. Candidates will not be allowed to begin the student teaching experience until this documentation has been received. If passing scores are not achieved on any required PRAXIS exams, candidates will allowed to move forward into student teaching, complete the program and graduate from the college given that all requirements for program completion and graduation have been met. It is the candidate’s responsibility to retake any required PRAXIS exams in order to pursue teacher certification in the state of SD and in other states. Individuals may not be eligible to pursue teacher certification until the SD DOE mandated PRAXIS exams have been taken and passed.

“My signature below indicates that I have read and understand the information on this intent form.”

SIGNATURE_________________________________________DATE________________