

Application for Admission to Internship (Student Teaching)

Completed applications must be turned into the Education Office, 122 Hamilton Hall, prior to the first Friday in February. **Applications will not be accepted after this date.** Internship assignment will be completed in full near the end of the spring semester prior to teaching internship. The Field Placement Officer (FPO) will notify teaching Internship candidates of their placement in writing as soon as decisions are made.

Several important factors help to determine the placement of teaching interns such as: site and location of public school, distance from OPSU, cooperation of public school personnel, etc. The FPO will take placement preferences into consideration. However, the final decision regarding internship placement is at the discretion of the Dean, College of Arts and Education working through the FPO.

If, for any reason, you decide to withdraw from your teaching internship, please notify the Field Placement Officer as soon as possible. This will allow the FPO to notify the school in which you have been placed, so that they do not expect you. It also will help to maintain good relations with the schools, and make things easier if you intend to re-apply for teaching internship at a later date.

First Name	<input type="text"/>	Last Name	<input type="text"/>				
CWID #	<input type="text"/>	Proposed Semester of Internship: FA:	<input type="checkbox"/>	SP:	<input type="checkbox"/>		
Certification Information		Enter Year					
<input type="checkbox"/> Elementary	<input type="checkbox"/> Music	<input type="checkbox"/> Secondary	Secondary subject area <input type="text"/>				
Personal Information							
Current Address	<input type="text"/>	Current Phone	<input type="text"/>				
Current City	<input type="text"/>	Current State	<input type="checkbox"/>	Current Zip	<input type="text"/>		
Permanent Address	<input type="text"/>	Permanent Phone	<input type="text"/>				
Permanent City	<input type="text"/>	Permanent State	<input type="checkbox"/>	Permanent Zip	<input type="text"/>		
OPSU e-mail address	<input type="text"/>						
Personal e-mail address	<input type="text"/>						
Emergency Information							
Contact Name	<input type="text"/>	Contact Phone	<input type="text"/>				
Contact Address	<input type="text"/>	Contact City	<input type="text"/>	Contact State	<input type="checkbox"/>	Contact Zip	<input type="text"/>
Do you anticipate working part-time during your Internship?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type of work?	<input type="text"/>	Location	<input type="text"/>	Hrs. per wk.	<input type="text"/>		
Please enter the names of the three people to whom recommendation forms were given:							
Name:	<input type="text"/>	You will need to put your name and ID# on the recommendation form, print three copies, and give them to the faculty from whom you are seeking recommendations.					
Name:	<input type="text"/>						
Name:	<input type="text"/>						

Placement Preferences:

List School Choice in Order of Preference:

1st Choice:

2nd Choice:

3rd Choice:

List Grade Level Choice in Order of Preference:

1st Choice:

2nd Choice:

3rd Choice:

List elementary, junior highs, and high schools which you attended or from which you graduated; colleges and universities attended, and any degrees earned.

Name of School	Location	Dates Attended	Diploma / Degree Earned i.e., (HS Diploma, AA Degree)

Please list the name, relationship, school, grade level, and teacher's name of all family members attending public schools, as well as all family member, and their position, who work in any area schools.

Name	Relationship	School	Position (if applicable)	Grade Level (if applicable)	Teachers' Name (if applicable)

Please discuss any additional factors that may affect your placement.

Remember, you will not be placed in an Internship in which you will teach a member of your family, nor one in which you will be supervised by a member of your family.

Have you passed your OSAT exam(s) Yes No If Yes, list the exams passed:

If No, please explain:

Please sign and submit to Education Office by the 1st Friday in February.

Your second portfolio review will take place the semester prior to your Internship.

If Other:

Signature: _____ Date