Washington County School District

Student Teacher Application / Agreement — Special Education License "Student Teacher" means a college student who is teaching without compensation under the direct supervision of a certified teacher in order to qualify for a degree in education. Student teachers are not the "teacher of record."

This form must be submitted to the WCSD Director of Special Education

Priority Deadline for Application is April 1st in the School Year Preceding the Student Assignment

Name:			Major: Cumulative GPA:			
			Institution:			
Availability Date:			Estimated Program Completion Date:			
Address:		City:		State:	Zip Code:	
Cell Phone:	Home Phone:		Email Address:	mail Address:		
Endorsement Area:	Endorsen	nent Area:		Endorsement Area:		
Preferred School and Assignment:						
Special Requests for Assignment Consideration:						
STUDENT TEACHER APPLICANT AGREEMENT: If selected to participate as a Student Teacher for Washington County School District (WCSD) I agree to conduct myself professionally and in accordance with all applicable WCSD Polices and procedures. I understand that I must apply for and receive a Temporary Student Teacher License issued by the Utah State Office of Education prior to beginning a Student Teacher assignment. Failure to obtain a Student Teacher License will invalidate this agreement and I will not be allowed to participate in a Student Teacher Assignment. Unless hired under the special provisions of a Teacher Apprentice or other educational program, I understand I am ineligible to participate as a Student Teacher if I am employed by Washington County School District in any other capacity during my assignment as a Student Teacher. By signing this agreement I hereby resign my employment with WCSD on the effective date of my assignment as a Student Teacher. I understand that Student Teacher Assignments are arranged by the WCSD District Office. I will not solicit participation as a Student Teacher by arranging an assignment directly with a Principal within WCSD.						
Signature:				Date:		
MANDATORY: to be considered as a Student Teacher, the APPLICANT <u>must obtain the following eligibility verification</u> :						
Name of University/Educ	ational Institution:					
Name and Phone number of Collegiate Supervising Professor:		Name:		Phone No:		
I certify that the above named individual will complete all required course work in accordance with Utah Administrative Rules, has completed a satisfactory and current criminal background check.						
University Department Approval	Signature	Title	e		Date	
For WCSD Use Only:						
Name and School for WCSD Mentor Teacher:		Name:	School:			
WCSD District CACTUS Approval:		Signature:	Date:			
Final Committee Approval and Assignment:		<i>y</i>				
Principal Approval of So						
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