INSTRUCTIONS FOR COMPLETING INTERNSHIP APPLICATION SECONDARY EDUCATION – ALL CONTENT AREAS

Applications are due in the office of the Director of Teacher Education Student Services on October 1st for Spring Semester Interns and March 1st for Fall Semester Interns

Please read and following ALL instructions carefully!

1.	Set up an appointment with your Content Area Advisor. Complete steps 2 and 3 prior to your appointment.
2.	Go to OneTech, sign in, click on student tab, and follow the menu. PRINT a copy of your Tech Transcript. Do not go to the registrar's office and do not go to your advisor for a copy of your ATU transcript . If you have transfer work, you will need an unofficial copy of ALL TRANSFER WORK . You will also need APPROVED copies of your degree audit and any waivers you may have.
3.	Fill out pages 2, 4, and 5 prior to your appointment with your Content Area Advisor.
4.	 Take the following forms with you for your appointment with your Content Area Advisor: a. Proposed Study Plan (Pg. 3) b. Internship Application c. Copies of all unofficial transcripts, substitution forms, waivers, and degree audit.
5.	Complete the Proposed Study Plan (Pg. 3) with your Content Area Advisor. <u>Do not forget to get their signature on this form.</u>
6.	Make an appointment with your Education Advisor in the College of Education. Please let your advisor know the appointment is for an internship application.
7.	Take entire application, including all pages, as well as the copies of your unofficial transcripts, substitution forms, waivers, and degree audit to your meeting with your Education Advisor.
8.	Set up an appointment with Ms. Teresa Auprey at (<u>tauprey@atu.edu</u>) to complete your fingerprinting for your AFLS background check.

IMPORTANT INFORMATION

The College of Education must have received <u>from PRAXIS</u> a DESIGNATED INSTITUTION SCORE REPORT with a passing Praxis II Content Knowledge Test Score for internship approval. Be sure to have your score report sent to both ATU (code #RA6010) and the State Department of Education (code #R7031). Failure to do this will result in an additional fee for requesting duplicate scores and will slow the processing of your application. If you have not taken, or have not passed the Praxis II, indicate the scheduled test date on the form below.

The Arkansas Department of Education requires an **APPROVED BACKGROUND CHECK** before entering an internship. This consists of fingerprinting which must be approved by both the Arkansas State Police and the FBI. It also requires an approved Child Maltreatment form. Please contact the Office of Licensure and Support Services in Crabaugh 310 for more information. You may also email Ms. Teresa Auprey at tauprey@atu.edu or call her at 479-964-0583 ext. 2351. It can take up to two months to gain this approval. Please allow sufficient time for approval so your entry into internship won't be delayed.

The Office of the Director of Teacher Education Student Services will notify you, by OneTech e-mail, of your status and arrange for your placement. **Do not contact schools until your placement is confirmed by this office.**

INTERNSHIP APPLICATION SECONDARY EDUCATION To Be Completed by the Applicant

This application must be **COMPLETE** to be considered for admission into Internship.

Last Name	First Name		Middle Name	
Maiden	SS#	T#	Birth Date	
OneTech email	DneTech email Address			
City	State Zip	Phone #	Cell #	
Gender	Circle Ethnicity : White, Black, Non-Res Multiple Ethnicities, Other	ident Alien, American Indian/A	Alaska Native, Asian/Pacific Islander, Hispanic, Hawaiian,	
	RIPT, TRANSFER TRANSCRIPT (IF APP ACHED TO THIS APPLICATION.	LICABLE), APPROVED SU	JBSTITUTION FORMS AND DEGREE AUDIT OR	
Have you ever been cor	nvicted of a felony? Yes	No		
Enter the date of your e	electronic fingerprinting. Date			
Candidate Signature		D	ate	
	To Be Completed by yo	our Secondary Educa	ation Advisor	
Grade Point Average: C	umulative (include all transfer work)		•	
			ndidate plan to take or retake the Praxis II?	
List any course(s) in the	field of specialization or professional	education with grade(s)	of "D" or "F."	
List any course substitut	ions affecting the completion of the f	field of specialization or	professional education.	
Has the candidate receiv	ved College of Education Academic Cl	emency? *Yes N	No	
*If yes, attach a copy of	the approved Academic Clemency Fo	orm.		
Has the candidate comp	leted a minimum of 12 semester hou	rs in residence at ATU?	Yes No	
Recommended By			Date	
	To Be Completed by Directo	r of Teacher Education S	Student Services	
Praxis II Content Knowle	edge Name and Test Number:		Score:	
Approved	Date			
Denied	Date	Reason		

PROPOSED STUDY PLAN SECONDARY EDUCATION INTERNSHIP

Candidate and Content Area Advisor - Complete Together

Last Name:		First Name:	T#:
Catalog year o	candidate is scheduled to gradua	te under:	
	List courses currently in progr		
	List courses needed BEFORE in	 nternship (if any) that a 	re NOT currently in progress:
	Indicate courses taken during SEED 4503 (Internship SEED 4809 (K-12 Conte SEED 4909 (7-12 Conte Other:	Seminar) nt Areas) nt Areas)	
ignature of Ca	ndidate		Date:
As a representative from the Department ofhe requested stage of the ATU Teacher Education Inte			
Content Area Advisor Signature:			Date:
As a representa			STRUCTION, I recommend this candidate be ship Program.
Education Ad	visor Signature:		Date:

Arkansas Tech University Teacher Education Program

Field Experience Review for Secondary Education Internship Placement Request Form

The information provided will be used to make appropriate placements in the field. Placements are the administrative decision of the College of Education through the Director of Teacher Education Student Services and are final.

Last Name:		First Name:		
T#		Tech email: Cell Phone		
Current Address:				
Are you currently employed by	a public school? Yes No	If yes, complete the	e following:	
(Position)			(Name of School District/City)	
Year you graduated from High	School:	Name of High School/Dis	strict:	
Do you have relatives currently	y employed by a public school? \	/es No If yes,	complete the following:	
Name	Relationship to You	District	School/Grade level	
Do vou have children attendin	g public school? Yes No _	If ves. complete the f	following:	
,		,		
Name	Relationship to You	District	School/Grade level	
Please check the correct co	ntont area:			
riease check the correct to	intent area.			
Agriculture		Health and Phys	sical Education	
Art		Life Science		
Business		Mathematics		
Chemistry		Music Instrumer	ntal	
Computer Science		Music Vocal		
English		Physics		
Foreign Language		Social Studies		
French		Speech		
German				
Spanish				

Demonstrate the diversity and variety of experience you have accumulated in the field during your preparation in teacher education	n.
Complete the following table: (might include observing in classrooms, tutoring, reading to a child, working in camps or with youth	
groups, teaching lessons, etc.)	

Course	Name of School/City	# Hrs	Grade Level(s)/Type of Experience		
SEED 2002					
SEED 4054					
SEED 4556					
Other					
Describe any rela	ted work experience you have comp	leted in the last 4	years:		
Describe any limi	Describe any limitations/disabilities/special considerations that may affect an appropriate placement:				
You may not include the school at which you completed any field experience hours for SEED course work or the school(s) at which you have children attending or relatives employed. You may, however, request any public school district in Arkansas. YOUR CHOICES ARE A STATEMENT OF PREFERENCE ONLY.					
1 st Choice					
2 nd Choice					
3 rd Choice					
Comments:					