

**ST. CLOUD STATE UNIVERSITY
STUDENT TEACHING APPLICATION
REQUIREMENTS FOR CHILD & FAMILY STUDIES: ECSE LICENSURE
ELIGIBILITY STATEMENT**

OFFICE OF CLINICAL EXPERIENCES, EB B120

Name: _____

SCSU ID#: _____

Semester and year of student teaching: _____

STUDENTS: Review the following requirements with your major advisor. Read and sign the *Student's Statement* below and obtain your advisor's signature under the *Advisor's Statement*.

GENERAL REQUIREMENTS		Typically Completed	Semester complete / expected	Office Use
GPA \geq 3.0	(Current GPA =)			
Admission to Graduate Studies	(Date applied:)			
Plan of Study Attach Copy, signed & dated	(Date:)	After 12 credits		
CPR /First Aid Certification (Infant/Toddler/Child Birth to 7)	Proof to OCE Prior to Student Teaching	Prior to Student Teaching		
Liability Insurance Proof	Proof to OCE Prior to Student Teaching	Prior to Student Teaching		
This is my initial license?	Yes or No			
Passed PPST/MTLE	Reading Yes or No	Writing Yes No	Math Yes or No	

Student's Statement: I am responsible for meeting the published eligibility deadlines or I won't receive a student teaching placement. I have read all the information in this packet and am aware of my responsibilities. Should I change my student teaching plans or be unable to meet eligibility requirements, I will notify the Office of Clinical Experiences at once.

I am aware that student teaching is a full-time commitment and that SCSU discourages student teachers from taking other classes or being employed while student teaching.

I understand that this information will be shared with student teaching sites and SCSU personnel as part of the placement process and that I am not guaranteed a placement of my preference.

Signature

Date

I understand that if I have ever been convicted of a felony (anywhere) I may not meet the criteria to obtain a Minnesota teaching license.

Signature

Date

For further information concerning prior felony convictions and how they apply to licensure, please make an appointment to meet with the Director of the Office of Clinical Experiences, EB, B120, (320) 308-4783.

Advisor's statement: I have met with this student and believe that he/she will meet all student teaching prerequisites prior to the start of the student teaching experience.

Name (printed) of major program advisor

Date

Signature of major program advisor