



Application for Student Teaching
at an Out-of-State School for the Deaf

Semester \_\_\_\_\_ Year \_\_\_\_\_

PART I

Name: \_\_\_\_\_
Last First MI

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_
Street

City State Zip Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_
Street

City State Zip Phone: \_\_\_\_\_

KSU E-mail Address: \_\_\_\_\_

PART II

SCPI Taken and Passage Date: \_\_\_\_\_

Student Teaching Grade Level(s) Preferences:
\_\_\_ Primary (K-3) \_\_\_ Middle Grades (4-8) \_\_\_ Secondary (9 -12)

16 Week Placement - Beginning/Ending Dates: \_\_\_\_\_

Are there any special accommodations of which we should be aware prior to pursuing an out-of-state placement? \_\_\_\_\_ If yes, please attach a separate page with detailed information.

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For the Program Coordinator and Director of the Office of Clinical Experiences at Kent State University.

We have reviewed this teacher candidate's qualifications and recommend him/her for student teaching at an out-of-state School for the Deaf.

Signature, Director of OCE

Date

Signature, Program Coordinator

Date

### **PART III**

Please type a brief essay (2-3 pages, double spaced) describing the events and experiences that led you to seek an out-of-state placement. You may wish to include a description of your family, honors received, memberships in organizations, work and travel experiences. You should highlight any special areas of interest that relate to your student teaching placement and describe specific ways this student teaching experience will contribute to your personal and professional development.

**NOTE: The narrative description represents a very important part of the application for two reasons:**

- (a) It gives the principal/director of the school specific information about your background experiences, education, and aspirations.
- (b) It provides the school staff with information to make decisions about the selection of a cooperating teacher.

### **PART IV**

Please submit three letters of recommendation with your application: one from a classroom teacher with whom you have worked, one from a university faculty member with whom you have taken a professional or methods class, and one from a former employer:

- Ask the supervising classroom teacher to comment specifically about teaching performance in the classroom. Comments might include: organizational skills, ability to manage the class, instructional techniques, and other noteworthy aspects in the teaching/learning context.
- Ask the university instructor to comment specifically about participation in his/her class. Comments might include: academic performance, written communication skills, level of class participation, interest in teaching, class attendance and punctuality, and ASL skills.
- Ask the employer to comment specifically about work habits. Comments might include: dependability, punctuality, job performance, and maturity level.

**NOTE: Upon your return to Ohio, FBI clearance and BCII background checks will be required with your application for Ohio licensure packet (even if you are an Ohio resident).**

**NOTE: Housing and transportation are your responsibility.**

## PART V

### Statement of Responsibility and Approval

I understand that I will assume all of the expenses involved in my participation in this out-of-state placement. I further understand the application fee of **\$130.00 (made payable to Kent State University)** is **non-refundable** unless the placement at an out-of-state school for the deaf cannot be confirmed.

The university will not be held responsible for any medical bills during my placement. I agree to assume all such costs.

Furthermore, I release the university from all claims of damages that may arise out of or in connection with participation in or transportation to and from this placement.

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*[Print] Name of Teacher Candidate*

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*Signature of Teacher Candidate*

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*Date*

### Parent/Guardian

I, the undersigned parent/guardian of \_\_\_\_\_ do acknowledge having received information about this out-of-state placement and do consent to his/her participation in the program. It is understood that all expenses related to this placement responsibility of my son/daughter.

The university will not be held responsible for any medical bills during the period of student teaching out-of-state. The undersigned agrees to assume all such costs.

Furthermore, I release the university from all claims of damages that may arise out of or in connection with participation in or transportation to and from this out-of-state placement.

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*[Print] Name of Parent or Guardian*

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*Signature of Parent or Guardian*

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*Date*

**PART VI**

**Medical Insurance**

I, (print full name) \_\_\_\_\_ verify that I have medical insurance as follows:

\_\_\_\_\_  
*Name of Insurance Company or Agency*

\_\_\_\_\_  
*Policy Number*

*Signature:* \_\_\_\_\_

*Social Security #:* \_\_\_\_\_

*Date:* \_\_\_\_\_

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**NOTE: It is the teacher candidate's responsibility to verify that out-of-state coverage is included in his/her medical policy.** Most out-of-state medical expenses are expected to be paid for at the time of service. The teacher candidate will need to check with his/her insurance provider regarding how to file for reimbursement upon return to Ohio.

## **Out-of-State Student Teaching Reference by Classroom Teacher**

**Name of Teacher Candidate:** \_\_\_\_\_

The above named teacher candidate wishes to be considered for a student teaching placement at an out-of-state School for the Deaf. Please comment on the teacher candidate's strengths and weaknesses including organizational skills, ability to manage the class, instructional techniques, and other noteworthy aspects in the teaching/learning context. In your comments, it would be helpful to know how well this person will adjust to student teaching in an out-of-state setting (degree of flexibility, risk-taking, open-mindedness, maturity). Also, please state how long and in what capacity you have known this teacher candidate.

**Signature of Reference Writer:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed form to:**  
Gretchen Espinetti, Director, Office of Clinical Experiences  
313 White Hall, Kent State University, Kent, OH 44242

## Out-of-State Student Teaching Reference by Faculty Member

**Name of Teacher Candidate:** \_\_\_\_\_

The above named teacher candidate wishes to be considered for a student teaching placement at an out-of-state School for the Deaf. Please comment on the teacher candidate's strengths and weaknesses including academic performance, written communication skills, level of class participation, interest in teaching, class attendance and punctuality, and ASL skills. In your comments, it would be helpful to know how well this teacher candidate will adjust to student teaching in an out-of-state setting (degree of flexibility, risk-taking, open-mindedness, maturity). Also, please state how long and in what capacity you have known this teacher candidate.

**Signature of Reference Writer:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed form to:**  
Gretchen Espinetti, Director, Office of Clinical Experiences  
313 White Hall, Kent State University, Kent, OH 44242

## **Out-of-State Student Teaching Reference by Employer**

**Name of Teacher Candidate:** \_\_\_\_\_

The above named teacher candidate wishes to be considered for a student teaching placement at an out-of-state School for the Deaf. Please comment on the teacher candidate's strengths and weaknesses including dependability, punctuality, job performance, and maturity level. In your comments, it would be helpful to know how well this teacher candidate will adjust to student teaching in an out-of-state setting (degree of flexibility, risk-taking, open-mindedness, maturity). Also, please state how long and in what capacity you have known this teacher candidate.

**Signature of Reference Writer:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed form to:**  
Gretchen Espinetti, Director, Office of Clinical Experiences  
313 White Hall, Kent State University, Kent, OH 44242