



Application for Out-of-State Student Teaching Program

Semester _____ Year _____ State _____

PART I

Name: _____
Last First M

SS#: _____ Date of Birth: _____

Local Address: _____
Street

City State Zip Phone: _____

Permanent Address: _____
Street

City State Zip Phone: _____

KSU E-mail Address: _____

PLACEMENT NEEDED: # of Weeks: _____ Dates: _____

Program Area: _____ Concentration: _____

NOTES: Do you have any medical problems and/or special accommodations of which we should be aware prior to assigning you to an out-of-state placement? _____ If yes, please attach detailed information.

List any other pertinent information important for consideration in your placement on a separate page and attach.

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For the Student Teaching Director at Kent State University:

I have reviewed this teacher candidate's qualifications and recommend this candidate for student teaching in _____.

Signature of Director

Date

PART II

Statement of Responsibility and Approval

I understand that I will assume all of the expenses involved in my participation in the Out-of-State Student Teaching Program. I further understand the placement fee of \$130.00 (made payable to Kent State University) is **non-refundable** unless the Kent State University/Out-of-State Student Teaching Program cannot make a placement.

The university will not be held responsible for any medical bills during my period of student teaching in _____. 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 program.

Print Name of Teacher Candidate

Date

Signature of Teacher Candidate

Parent/Guardian

I, the undersigned parent/guardian of _____ do acknowledge knowing about the Out-of-State Student Teaching Program and do consent to his/her participation in the program. It is understood that all expenses related to the Out-of-State Student Teaching Program are the responsibility of the teacher candidate.

The university will not be held responsible for any medical bills during the period of student teaching in _____. 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 program.

Print Name of Parent or Guardian

Date

Signature of Parent or Guardian

PART III

Verification of 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 prior to leaving, that out-of-state coverage is included in his/her medical policies. 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.

PART IV

Type a brief essay (2-3 pages, double-spaced) describing the events and experiences that led you to seek a placement through the Out-of-State Student Teaching Program. 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. You should also explain why you are interested in student teaching out-of-state 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 of the school specific information about your background, experiences, and aspirations.
- (b) It provides the school staff with information to make decisions about the selection of a cooperating teacher.

PART V

Please submit three letters of reference 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.

- Please ask the classroom teacher to comment specifically about teaching performance in the classroom. Comments might include: planning and organizational skills, ability to manage the class, instructional techniques used, professionalism, reflective skills, and other aspects in the teaching/ learning context.
- Please ask the university faculty member 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.
- Please ask the employer to comment specifically about work habits. Comments might include: dependability, punctuality, job performance, and maturity level.

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NOTES:

Once you return to Ohio, even though you are an Ohio resident, being out-of-state for a period of time mandates that you complete an FBI as well as BCII background checks for Ohio licensure application.

You will be required to complete a background check through the local Board of Education Office in the particular state where you will be student teaching. You must have a 3.0 gpa to be considered and submit a \$130 placement fee (KSU) for this student teaching opportunity.

**Student Teaching Reference
by Cooperating Teacher**

Name of Teacher Candidate: _____

Semester: _____ **Year:** _____

The above named teacher candidate wishes to be considered for an out-of-state student teaching placement. Your candid comments are appreciated. In your comments, it would be helpful to know how well this person will adjust to student teaching in a diverse setting (degree of flexibility, risk-taking, open-mindedness, etc.). Also, please state how long and in what capacity you have known this teacher candidate.

Signature of Reference Writer: _____

Printed Name: _____

Address: _____

Telephone: (_____) _____

Please return the completed form to:

Gretchen Espinetti, Director, Office of Clinical Experiences
313 White Hall, Kent State University, Kent, OH 44242

**Student Teaching Reference
by Faculty Member**

Name of Teacher Candidate: _____

Semester: _____ **Year:** _____

The above named teacher candidate wishes to be considered for an out-of-state student teaching placement. Your candid comments are appreciated. In your comments, it would be helpful to know how well this person will adjust to student teaching in a diverse setting (degree of flexibility, risk-taking, open-mindedness, etc.). Also, please state how long and in what capacity you have known this teacher candidate.

Signature of Reference Writer: _____

Printed Name: _____

Address: _____

Telephone: (_____) _____

Please return the completed form to:

Gretchen Espinetti, Director, Office of Clinical Experiences
313 White Hall, Kent State University, Kent, OH 44242

**Student Teaching Reference
by Employer**

Name of Teacher Candidate: _____

Semester: _____ **Year:** _____

The above named teacher candidate wishes to be considered for an out-of-state student teaching placement. Your candid comments are appreciated. In your comments, it would be helpful to know how well this person will adjust to student teaching in a diverse setting (degree of flexibility, risk-taking, open-mindedness, etc.). Also, please state how long and in what capacity you have known this teacher candidate.

Signature of Reference Writer: _____

Printed Name: _____

Address: _____

Telephone: (_____) _____

Please return the completed form to:

Gretchen Espinetti, Director, Office of Clinical Experiences
313 White Hall, Kent State University, Kent, OH 44242