

APPLICATION FOR ELEMENTARY PRACTICUM TEACHERS FOR TOMORROW CANDIDATES

FORT HAYS STATE UNIVERSITY

A student who has been admitted to Teacher Education may apply to enroll in the Practicum in the fall or spring semester of their senior year. The Application for Elementary Practicum must be filed prior to:

February 15 for the following fall semester *** **September 15** for the following spring semester

Applications must be returned to the **Teacher Licensure Office, FHSU, Rarick Hall 220, 600 Park Street, Hays, KS 67601**. The Speech and Hearing Evaluation Statement is recommended, but is optional. If all requirements are not yet met, but plans are to complete all requirements by the Practicum semester, the application should still be turned in by the deadline. **All requirements must be completed by the first day of FHSU classes of the Practicum semester in order to participate that semester.**

AFTER THE DEADLINE, YOU WILL BE SENT A LETTER BY THE OFFICE OF PROFESSIONAL SERVICES CONCERNING THE PLACEMENT PROCESS.

Requirements to be met for admission to the Practicum are:

1. Admission to Teacher Education.
2. Indication of adequate preparation in teaching fields to perform the Practicum assignments.
3. Attainment of a grade index of 2.75 in coursework completed in a teaching field and in the overall coursework.
4. Approval for Practicum by the departments in the student's area of teaching.
5. Approval for admission to the Practicum by the Council on Preparation of Teachers and School Personnel
6. Following classes must be completed with a grade of "C" or higher:
 - SPED 601 Educating Exceptional Students
 - IDS 350 Multiculturalism in the U.S.
 - CSCI 163 or CIS 101 Intro to Computing Systems or Computer Info Systems
 - TEEL 431 Educational Psychology
 - Plus all content methods courses
7. Submission of credential file with resume to Career Services.
8. Satisfactory results of answers to background questions.
9. All course requirements must be completed by the last day of regular classes of the spring or fall semester before the Practicum.

TEST REQUIREMENTS: A passing score of 161 on the PLT test is required for licensure by the State Dept of Education. An elementary education subject area assessment is also required by the State with a score of 163. If you are obtaining an endorsement in special education, you must also take and pass the two assessments for that area.

Are you pleased with the service and/or information flow you have received from the FHSU Licensure Office? _____ Yes _____ No
Comments:

APPLICATION FOR ELEMENTARY PRACTICUM FORT HAYS STATE UNIVERSITY

Date of Application _____ Student ID _____

Email address you use _____ Home Phone _____

Name _____
(First) (Middle) (Last) (Maiden)

Permanent Address _____
(Street) (City/State/Zip)

COURSE OF STUDY INFORMATION

Practicum Semester: _____ FHSU Advisor: _____

Grade Point Average: Overall GPA _____
Major GPA _____ Graduation Date: _____

BACKGROUND INFORMATION

FHSU is responsible for recommending to the Kansas State Department of Education individuals who have completed the teacher education program for licensure as a teacher. Given this responsibility, it is asked that you answer the following background questions. However, the Kansas State Department of Education reserves the right to deny a license to individuals who have been convicted of or pleaded guilty to any act punishable as a felony.

- A. Have you ever been convicted of a felony?** No _____ Yes _____
If yes, please attach a copy of the court documents regarding conviction.
- B. Have you ever been convicted of ANY crime involving theft, drugs, or a child?**
No _____ Yes _____ If yes, please attach a copy of the court documents regarding conviction.
- C. Have you entered into a criminal diversion agreement after being charged with any offense described in question A or B?**
No _____ Yes _____ If yes, please attach a copy of the diversion agreement.
- D. Are criminal charges pending against you in any state involving any of the offenses described in question A or B?**
No _____ Yes _____ If yes, please attach a copy of the court documents regarding your case.
- E. Have you had a teacher's or school administrator's certificate denied, suspended or revoked in any state?**
No _____ Yes _____ If yes, please circle the action taken: denied, suspended or revoked.
Which state(s)? _____ Please attach a copy of the documents regarding official action taken.
- F. Is disciplinary action pending against you in any state regarding a teacher's or administrator's license or certificate?**
No _____ Yes _____ If yes, please attach a copy of the official documents regarding the action pending against you.
- G. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?** No _____ Yes _____ If yes, which district(s)? _____ When? _____
- H. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure?**
No _____ Yes _____ If yes, what state(s)? _____ When? _____

Which Teachers for Tomorrow site are you from? Colby_____ Concordia_____ Great Bend_____ Hays_____

CONFIRMATION-APPROVAL SHEET FOR PRACTICUM

I, _____ am applying for a practicum in _____
(applicant's signature) (semester and year)
in the area of **ELEMENTARY EDUCATION**. Check here if **SPECIAL EDUCATION** _____.

STUDENT: Please sign above then turn application in to the Licensure Office, Rarick 220. Departmental Clearance (below) will be obtained by the Licensure Office.

DEPARTMENT CLEARANCE

ADVISOR:

Please complete bubble sheet and attach to application.

- | | |
|--|-----------|
| | Completed |
| - Dispositions assessed on bubble sheet | _____ |
| - Program content knowledge assessed on bubble sheet | _____ |
| - Pedagogical knowledge assessed on bubble sheet | _____ |

ADVISOR AND DEPARTMENT CHAIR:

This is to certify that the above named student is considered to be adequately prepared for a practicum in elementary education (and special education if signed by Special Education Chair). He/She has satisfactorily completed academic methods and observation requirements as set forth by the Department of Teacher Education (and Dept of Special Education) or is scheduled to have these requirements met by the beginning of the practicum semester.

(Advisor)

(Date)

(Chair, Teacher Education Dept.)

(Date)

(Chair, Special Education Dept.)

(Date)

COMMENTS:

INSTRUCTIONS: Please take this form to the Speech - Language - Hearing Clinic at FHSU located in Albertson Hall, Room 131, telephone 628-5366 or go there to set an appointment for this evaluation. This evaluation is optional for the practicum but recommended.

**SPEECH AND HEARING
EVALUATION STATEMENT**

CONCERNING: _____ DATE: _____
(Applicant's Name)

To be an effective classroom teacher one must have good communication skills. The skills are based on your abilities to speak and hear the English language. To insure that your speech and hearing are adequate for the teaching profession, it is suggested that you have this form completed.

The items below are to be checked by a speech and hearing clinician:

SPEECH

HEARING

_____ Fluency

Screening:

500 1k 2k 4k 6k

_____ Voice

Left () () () () ()

_____ Articulation

Right () () () () ()

_____ Dialectal Difference

A mark in the box indicates a response to a tone of 20dB. If an individual fails to respond to any frequency, he may be scheduled to have a threshold examination.

A mark indicates an abnormality for that parameter of speech. Briefly describe the disorder.

*****RECOMMENDATIONS*****

*

_____ Speech Normal

_____ Hearing Normal

_____ Speech problem which may interfere with teaching and student is scheduled for follow-up:

_____ High frequency hearing loss which will not interfere with teaching but should be checked annually.

_____ Possible hearing loss
_____ Medical Referral: _____
_____ Audiological Referral: _____

_____ Speech problem which may interfere with teaching and

_____ Hearing loss which could

student is unwilling to have
remediation. Student's

Signature _____

interfere with teaching, but
student is scheduled for aural
rehabilitation-auditory training
and speech reading.

Student Clinician: _____ Supervisor Initials: _____ Date: _____