PROCEDURES FOR COMPLETING APPLICATION FOR STUDENT TEACHING INTERNSHIP

I. BEFORE completing this application for your internship, you must meet the following requirements:

A. Applied for and been admitted to the Teacher Preparation Program.
B. Have taken and successfully passed one of the following three testing options:
   1) Virginia Communication and Literacy Assessment (VCLA)
   or
   2) SAT (verbal and math)
   or
   3) ACT (reading and/math)
C. YOU MUST SUBMIT PASSING PRAXIS II SCORES IN YOUR CONTENT AREA
D. IF YOU HAVE NOT PREVIOUSLY TAKEN THE VCLA TEST, YOU MUST SUBMIT PASSING VCLA TEST SCORES WITH YOUR APPLICATION FOR INTERNSHIP.
E. Successfully completed or currently enrolled in the last Clinical Practicum required by your program.
F. Completed or currently enrolled in those courses that meet approved program requirements.
G. Fully admitted to graduate studies.
H. Overall 3.0 GPA on 500-600 graduate coursework.
I. Have a tuberculosis test and submit the results with your application.

II. A COMPLETE Graduate Teaching Internship Application consists of the following:
A. APPLICATION FORM
   1. Personal Data
   2. Endorsement Area
   3. Current and Previous Practicum Placements
   4. Placement Request:
      On the application form, in the appropriate boxes, insert the number "1" for your first choice and number "2" for your second choice for the school division in which you desire placement. Your application will be delivered to the school division you have chosen. Final placement is made by the school division. Once your application is submitted to the school division, VCU cannot guarantee that you will be placed at one of the locations you have chosen.
   5. Special accommodations/requests: (See B. ATTACHMENTS, 5.)
   6. Graduate Admission Status.
   7. Testing Requirements: Please attach copies of your passing test scores with this application.
   8. Student's signature: (Sign and date the application)
9. **Advisor's signature:**
   After you have completed the application, your advisor must review and SIGN it. Please allow time for this process.

10. **Tuberculosis Test (screenings are not acceptable):**
   Any intern/student teacher who is NOT employed with a public school division has to provide results from a TB test. VCU Student Health Services provides TB test to students. Please call (804) 828-8828 for more information. Those individuals that are currently employed with a public school division must submit documentation showing proof of employment. The results of your test must be included in your application.

**B. Attachments**

1. **Autobiographical sketch:**
   At the top of the page, list the title "Autobiographical Sketch" and your full name.

   Attach a copy of an essay in which you state your major field of interest and the reasons you have selected the teaching profession as a vocation. This is your first introduction to your school.

2. **VCU transcripts:** Print out one copy of your unofficial transcripts from eServices and attach it to the application before you submit to your faculty advisor. **Faculty will not review your application for graduate teaching internship without a transcript!!!** DO NOT REQUEST ANY COPIES OF YOUR TRANSCRIPT FROM RECORDS AND REGISTRATION FOR THIS APPLICATION.

3. **Other transcripts:**
   If you have received a degree from another institution, please provide a copy of that transcript with your application.

4. Attach a copy of your TB test results. It must be a copy of the document you received from the clinic or your doctor’s office.

5. **Special accommodations/requests:** (Included on the application.)
   If you have a physical limitation which requires special accommodations, you must attach an explanation on a separate page in which you describe the limitations and necessary accommodations you require.

   If you expect to be absent due to pregnancy, surgery, or other serious circumstances, you must attach a separate page on which you describe the reason for the anticipated absence and inclusive dates you expect to be out.

   Special requests will only be granted under serious extenuating circumstances and must be approved by your Advisor, Department Chairperson and the Executive Director, Accreditation and Licensure of the School of Education. It is your responsibility to obtain written approval from these three individuals. If it is approved, attach this documentation to your application.

   **Any time missed must be made up in its entirety.**

   You should also consider whether this is a reasonable time for you to engage in this internship.
III. OTHER INFORMATION:

A. DUE DATE:
Applications are due **February 1st for fall** placement and **September 1st for spring** placement. If the due date falls on the weekend, the application is due the following Monday. Complete applications should be returned to the: Student Services Center, Oliver Hall, 1st floor, Room 1037, Box 842020, Richmond VA 23284-2020. Late submissions will be processed only for extenuating circumstances approved by the Department Chairperson and the Executive Director, Accreditation and Licensure of the School of Education. Only complete applications will be accepted.

B. NOTIFICATION:
Notification of placement will be sent to you by email ONLY as soon as it is received in the Student Services Center. PLACEMENTS WILL NOT BE GIVEN OVER THE TELEPHONE OR IN PERSON!!! It is very important that you notify this office if you change your plans concerning your internship or if you change your address. The telephone number is 804-827-2670. Most placements for the fall semester are known by the end of July and for the spring semester by mid-December.

*Once your placement has been finalized by the school division and you have been notified, it cannot be changed. School divisions offer only one assignment per application. The only alternative is to send the application to a different school division which would require additional time to process the application, and there is no guarantee that a placement will be secured.*

C. COURSE REGISTRATION:
You must register for the appropriate sections of internship (e.g. TEDU 672, TEDU 674, TEDU 681). Please verify course number and section(s) with your advisor. Please be advised that completion of this application does not constitute registration.

E. Effective, September 1, 2019 - BACKGROUND CHECKS ARE REQUIRED FOR ALL INTERNSHIP PLACEMENTS:
**IMPORTANT NEW UPDATE:** While the background check is not due at the time of application, it is still required.

Background checks are now due for Fall interns – starting in May of the year and for Spring interns starting in September of the year. This is due to the fact that the school divisions won’t accept a background check that is 90 days old or older from when you are scheduled to start your placement.

Students are responsible for paying for their own background checks. Details are below:

**ALL STUDENTS ARE REQUIRED TO COMPLETE FINGERPRINTING**

**Complete Criminal Background Checks**
Applicants will need to complete the following background checks:

1. VA State Police - Criminal History Check **WITH FINGERPRINTS**
2. VA Department of Social Services Child Protective Services check

Below for your convenience are the links with the costs for each background check. Applicants are responsible for paying for their own background checks. **Please list yourself** as the person to receive results from both background checks. Results must not be more than 90-days old at the time of submission. Background checks take approximately 2-8 weeks to process from the time the required materials are submitted, dependent upon the package purchased.
Background Checks are comprised of 2 portions:

1. Criminal History Check WITH FINGERPRINTS. Please select the

[Click here](https://vspapps.vsp.virginia.gov/catspublic/public/publicHome.html) to create your request to be printed for mailing to the Virginia State Police (must mail in one form per request). Applicants will complete form SP-167 Criminal History Request Form which must be printed and mailed/hand delivered to the Virginia State Police.

Please have the results returned to you to submit as soon as possible. If you cannot access from click here above)

*Note: The VA State Police Department background check results will be returned to you via us mail.*

2. VA Department of Social Services-CPS background check results please follow the process below.

[Complete CPS FORM](http://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/03-02-0151-12-eng.pdf) - The Child Protective Services form is found at the link below and must be submitted to the Virginia Department of Social Services. The fee is $10.00 payable by money order ONLY. You must have the form notarized prior to submitting.

*Note: If you have already submitted your documents and are awaiting results, please check your email. These results are sent via email from the Central Registry Unit.*

Reminder to have both background check results returned back to you so that you may submit them to me no earlier than 90 days prior to the start of your internship. (Fall internship results due to me starting in May and Spring internship results due to me starting in September.

Licensure application (available at [www.doe.virginia.gov](http://www.doe.virginia.gov)) should be completed at the end of the internship experience and after graduation.
APPLICATION FOR STUDENT TEACHING INTERNSHIP
EARLY AND SECONDARY EDUCATION

SEMESTER FOR PLACEMENT: (CHECK ONE)  __FALL  __SPRING  YEAR:_______

PERSONAL DATA:

NAME ___________________________  V# ___________________________
(LAST) (FIRST) (MIDDLE)

ADDRESS ___________________________
(STREET) (CITY) (STATE) (ZIP)

WORK TELEPHONE_________________  HOME TELEPHONE ________________  CELL PHONE__________________

EMAIL ____________________________  HIGH SCHOOL ATTENDED __________________________

UNDERGRADUATE  UNDERGRADUATE  GRADUATE
MAJOR: ___________________________  ADVISOR: ___________________________  GPA ________________  
(MINIMUM 3.0)

ENDORSEMENT AREA:
(IN BOX, INSERT X FOR APPROPRIATE AREA)

_____ EARLY (NK-6)

_____ SECONDARY (6-12)  CONTENT AREA: ___________________________ (prefer Middle or High School)
(i.e. English, Math, History)

GRADUATE ADVISOR ___________________________

CURRENT AND PREVIOUS
PRACTICUM PLACEMENTS:

NAME OF SCHOOL DIVISION_________________________  SCHOOL_________________________  GRADE________

NAME OF SCHOOL DIVISION_________________________  SCHOOL_________________________  GRADE________

NAME OF SCHOOL DIVISION_________________________  SCHOOL_________________________  GRADE________

ADMISSION STATUS:  ______Yes, I have been admitted to teacher preparation. Date: ____________

_____No, I have not been admitted to teacher preparation.

SCHOOL DIVISION DESIRED FOR PLACEMENT:  (ON LINE, INSERT 1 FOR FIRST CHOICE AND 2 FOR SECOND CHOICE.)

RICHMOND ________  HENRICO _________  CHESTERFIELD ________  HANOVER _________

(□ Please check this box if you would like to request a high-needs school)

SPECIAL ACCOMMODATIONS/REQUESTS:

Physical limitation(s) requirements:  ____NO____ YES.
If yes, provide the attachment required in the (Procedures for Completing Application for Student Teaching, Section II.B.5)

Special request:  ____NO____ YES.
If yes, provide the attachment required in the *(Procedures for Completing Application for Student Teaching, Section II. B5)*

**Licensure Eligibility Confirmation (Background questions – adopted from VDOE licensure application, July 2018)**

<table>
<thead>
<tr>
<th><strong>PLEASE READ CAREFULLY AND CHECK Y (yes) or N (no)</strong></th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</td>
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<td>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?</td>
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<td>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?</td>
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<td>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs or alcohol?</td>
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<td>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</td>
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<td>Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? Please note: This includes a reprimand, warning, or reproval and any order denying the right to apply or reapply for a license.</td>
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<tr>
<td>Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</td>
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<tr>
<td>Have you ever left any education-or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving and allegation of misconduct was pending, eligible for appeal, or under appeal? Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</td>
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If you checked yes to any of these questions, please make an appointment immediately with Ms. Jewell Davis, Director of Student Services Center, School of Education, Oliver Hall, Room 1037, jwdavis@vcu.edu

**Graduate Admission**

Have you been fully admitted to graduate school? ____YES ____NO

If not, what is your current status? *(Please check appropriate box)*

____ Have not applied ____Have applied (date: ________________), but have not been notified of admission status.

You must have been admitted to teacher preparation and passed and submitted all required testing scores. You must have also taken and passed the following tests. Please attach a copy of your scores with this application.

1) VCLA  and  2) PRAXIS II

**Tuberculosis Screening (check one)**

____ Up to date TB test provided

____ Documentation showing current employment with the school division
Permission to Release confidential information:

I, __________________________ (print full name), am aware of and agree to the forwarding of my email address, application, personal statement, transcript, TB results, and background checks (if applicable) for the purpose of securing internship/student teaching placement(s) in a school(s) in one or more of the following school division(s): Henrico, Chesterfield, Hanover, Richmond or Other (school division) Name: __________________________________________

Student’s Signature __________________________________________ Date ______________________

___________________________________________________________________

TAKE THE APPLICATION TO YOUR ADVISOR.

**************************************************************************************************

ADVISOR’S CERTIFICATION:

I have reviewed the record of this applicant, including any extenuating circumstances or requests, to ensure that all of the prerequisites for student teaching have been satisfied in accordance with catalogue requirements. Attached are 1) unofficial transcripts listing current courses; and 2) a copy of the student's typed autobiographical sketch.

This applicant is recommended for the program in ________________________________________.

If the applicant is provisionally recommended for the program, please specify the provision(s):

_________________________________________________________________________________.

Advisor’s Signature ________________________________ Date ______________________

PLEASE RETURN TO: SCHOOL OF EDUCATION, STUDENT SERVICES CENTER
1015 W. MAIN STREET
OLIVER HALL, ROOM 1037
VIRGINIA COMMONWEALTH UNIVERSITY
RICHMOND, VIRGINIA 23284-2020