

**PROCEDURES FOR COMPLETING
UNDERGRADUATE 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 the VCLA (Virginia Communication and Literacy**
 - C. **Assessment)**
 - D. **SUBMIT PASSING VCLA AND PRAXIS II CONTENT TEST SCORES (PRAXIS II TEST NOT REQUIRED FOR SPECIAL EDUCATION STUDENTS)**
 - 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. Cumulative VCU GPA of a **3.0 (minimum)**
 - H. Have a tuberculosis test and submit the results with your application.
 - I. Completed the state required modules
 - o [Child Abuse and Neglect, Recognition and Intervention Training](#)
 - o [Dyslexia Awareness](#)
 - o [Behavior Intervention and Support](#)
 - o [Virginia State and Local Civic Education Module**](#) (only required of students who are seeking an Early Childhood or Elementary Education license)
 - J. Completed the required background checks

II. A **COMPLETE** 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. **Testing Requirements: Please attach copies of your passing test scores with this application.**
7. **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 tests to students. Please call Student Health at (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.
8. **Criminal History and Child Protective Services Background Checks (2)**

9. **Student's signature:** (Sign and date the application)
10. **Advisor's signature:** After you have completed the application, your advisor must review and SIGN it. Please allow time for this process.

B. Attachments - All emailed attachments should be numbered and titled as instructed. Otherwise, your application will be returned to you for revision. **Alternatively, you can hand deliver or mail your complete application (and therefore, will not need to specifically title/number your attachments).**

1. **Autobiographical sketch:** At the top of the page, list the title "Autobiographical Sketch" and your full name. Attach a **1-2-page (single spaced)** essay in which you state the reasons you have selected the teaching profession as a vocation. Elaborate on your work experiences (**practicums included**) and what you hope to gain from this internship experience. This written essay will serve as the introduction to your principal.

****Save/submit the emailed attachment as "1. Last Name, First Name V# - Autobiographical Sketch"**

2. **VCU transcripts:** Include a copy of your **unofficial** transcripts from eServices. **DO NOT REQUEST ANY COPIES OF YOUR TRANSCRIPT FROM RECORDS AND REGISTRATION FOR THIS APPLICATION.** If a hold on your account prevents you from viewing your transcript, email your advisor for an unofficial copy.

****Save/submit the emailed attachment as "2. Last Name, First Name V# - Unofficial Transcripts"**

3. 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.

****Save/submit the emailed attachment as "3. Last Name, First Name V# - TB Results"**

4. Attach a copy of your certificate of completion for the following **modules:**

****Save/submit the emailed attachments as "4. Last Name, First Name V# - Child Abuse/Dyslexia Awareness/Behavior Intervention/VSLCE Module"**

[Child Abuse and Neglect, Recognition and Intervention Training](#)

[Dyslexia Awareness](#)

[Behavior Intervention and Support](#)

[Virginia State and Local Civic Education Module](#)** (only required of students who are seeking an Early Childhood or Elementary Education license)

5. Attach a copy of your **VCLA and PRAXIS II** score reports.

****Save/submit the emailed attachments as "5. Last Name, First Name V# - VCLA/PRAXIS II"**

6. Once received, submit a copy of both background check results from the Department of Social Services – Child Protective Services (**can be emailed**)

****Save/submit the emailed attachment as "6. Last Name, First Name V# - Background Check: DSS/CPS".**

The Virginia State Police Department - Criminal History Check **must be hand delivered or mailed because it lists your social security number.**

7. **Special accommodations/requests:** (Include 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.

****Save/submit each of the emailed attachments as "7. Last Name, First Name V# - Special Accommodations"**

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 along with all required attachments may be emailed to your undergraduate advisor for review at soe advising@vcu.edu or hand delivered for advisor review to the: Student Services Center, Oliver Hall, 1st floor, Room 1037.**

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 and other required courses that must be taken during the internship. Please verify course number and section(s) with your advisor. This information is also found in Degree Works (Audit page and in the PLANS tab).

Please be advised that completion of this application does not constitute registration.

D. BACKGROUND CHECKS: Effective, September 1, 2019 - BACKGROUND CHECKS ARE REQUIRED FOR ALL INTERNSHIP PLACEMENTS.

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 one year 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 **during COVID-19:**

1. Criminal History Background Check - No fingerprint is required for Fall 2021 due to COVID-19 protocol. - these results will be mailed to you.

[Click here](#) to create your request to print a [SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search form](#). **In the drop-down box, be sure to select "SP-167 Criminal History & Sex Offender Name Search".** **The form fee is \$10.00.**

The form can also be accessed here (select "Forms", then [SP-167/SP-230 Web form](#)): <https://www.vsp.virginia.gov/FormsPublications.shtm>

If you are unable to print this form (SP-167), contact the VA Police Department Help Desk at (804) 674-2131. Please ensure your browser is up to date before calling the Help Desk.

This form must be printed, notarized and mailed to the Virginia State Police Department at:

**Civil & Applicant Records Exchange (CARE)
Virginia State Police
P. O. Box 85076
Richmond, VA 23285**

*****Note: The VA State Police background check results will be MAILED to the address you provide on your form. DO NOT UPLOAD these results because they list your social security number. Hand deliver or mail these results to Ms. Jones, the Clinical and Licensure Placement Coordinator at:**

**School of Education, Student Services Center
1015 W. Main Street
Oliver Hall, Room 1037
Virginia Commonwealth University
Richmond, Virginia 23284-2020**

Please have the results returned to you to submit as soon as possible.

2. VA Department of Social Services: Child Protective Service Background Check - These results are sent via email from Central Registry Background. You may upload your results along with your application or hand deliver/mail them to the Student Services Center.

- Complete the Child Protective Services Form found [here](#).
- Submit the completed form to the Virginia Department of Social Services. **The form fee is \$10.00** payable by money order ONLY. **You must have the form notarized prior to submitting.**

If you have already submitted your documents and are awaiting results, please check your email.

Licensure application (available at www.doe.virginia.gov) should be completed at the end of the internship experience and after graduation.

APPLICATION FOR STUDENT TEACHING INTERNSHIP UNDERGRADUATE EDUCATION PROGRAMS

___ Fall Year: _____

Semester for Placement: (CHECK one): ___ 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) (Current)

Major: _____ Advisor: _____ GPA: _____
(minimum 3.0)

Endorsement Area: (IN BOX, INSERT X FOR APPROPRIATE AREA)

___ Early Childhood (BSED) (PK-3) ___ Special Education (BSED) (K-12)
___ Elementary Education (BSED) (PK-6) ___ Health & Physical Education (BSEDD) (K-12)
___ Engineering Education (BSED) (6-12)

ADMISSION STATUS: (Check one)

Yes, I have been admitted to teacher preparation. Date: _____

No, I have not been admitted to teacher preparation.

Current and Previous Practicum Placements:

NAME OF SCHOOL DIVISION _____ SCHOOL _____ GRADE _____

NAME OF SCHOOL DIVISION _____ SCHOOL _____ GRADE _____

NAME OF SCHOOL DIVISION _____ SCHOOL _____ GRADE _____

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.7.*

All emailed attachments should be numbered and titled as instructed on pages 2-3. Otherwise, your application will be returned to you for revision.

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

PLEASE READ CAREFULLY AND CHECK Y (yes) or N (no)	Y	N
Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?		
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?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs or alcohol)?		
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?		
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? <u>Please note:</u> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.		
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? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		
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? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		

If you checked yes to any of these questions, please make an appointment immediately with Dr. Joan Johnson, Executive Director of Accreditation and Licensure, School of Education, Oliver Hall, Room 2090, jbjohnson@vcu.edu

You must have been admitted to teacher preparation to apply to internship. Attach your teacher preparation approval letter you received when approved for admission to teacher preparation. You must also complete the required state modules for Child Abuse and Neglect, Dyslexia Awareness, Behavior Intervention & Support: Understanding the Regulations Governing the Use of Restraint and Seclusion in Elementary and Secondary Schools in Virginia and the Virginia State and Local Civics Education (**Note: VA State and Local Civics Module is only required for Early and Elementary students**)

Attach the PDF document providing proof of completion of these modules. All emailed attachments should be numbered and titled as instructed on pages 2-3. Otherwise, your application will be returned to you for revision.

You must have also taken and passed the following tests. Please attach a copy of your scores with this application. All emailed attachments should be numbered and titled as instructed on pages 2-3. Otherwise, your application will be returned to you for revision.

- 1) VCLA
- 2) PRAXIS II Content Exams (for Elementary Education, Early Childhood & Health & PE)

Tuberculosis Screening (check one)

- ___ Up to date TB screening 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 check payment (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 or Richmond.

Student's Signature _____ Date _____

SUBMIT COMPLETED APPLICATION TO YOUR ADVISOR FOR REVIEW.

SEND VIA EMAIL: Send to soe advising@vcu.edu with "Student Teaching Internship Application - Semester Applying - Last Name, First Name V#" as the subject line. **For example,** "Student Teaching Internship Application - Fall 2021 - Doe, John V00110011".

OR

SEND VIA POSTAGE MAIL/DROP-OFF: *School of Education, Student Services Center
1015 W. Main Street
Oliver Hall, Room 1037
Virginia Commonwealth University
Richmond, Virginia 23284-2020*

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.

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 _____