INSTRUCTIONS FOR APPLYING FOR ADMISSION TO INTERNSHIP / MAT STUDENT TEACHING

Be sure you have met all prerequisites.

- Applications will be accepted for the Fall semester from the last week in January through February 15. Spring semester applications will be accepted from the last week in August through September 15.

Internship / MAT Student Teaching Application, Contract & Data Forms:

- Indicate your MAT Program on the Internship / MAT ST Application – Secondary MAT, Middle Grades MAT, Interdisciplinary Early Childhood MAT, Special Education MAT, Library Media MAT. If you are Secondary or Middle Grades please indicate the certification subject area of your program – English, Math, PE, Art, etc.
- Complete all personal information as requested. List a permanent mailing address and a telephone number where you can always be contacted. Keep the Office of Teacher Services informed when changes are made in your local address and telephone number. Initial appropriate boxes to verify that you have read and understood the directions.
- If you have an interest in completing a portion of your internship / student teaching internationally, please initial the box that indicates your desire. You will be invited (via email) to an informational meeting after all student teaching applications have been processed.
- Clearly indicate your assignment request on the Internship / MAT ST Application. You are required to list three (3) school districts of preference. Independent systems should be listed with the county district as one choice with the preferred placement first; i.e. Bowling Green Ind./Warren County or Warren/Bowling Green.
- List any specific schools where you cannot complete your internship / student teaching on the Internship / MAT ST Application. You cannot complete your internship / student teaching in the high school from which you graduated (less than 10 yrs.) nor a school at any level with which you have been employed or have close family or social ties. (This includes schools where you have served as a substitute teacher.)
- Sign and date the Internship / MAT ST Application form. Your application will not be valid without your initials and your signature and date.
- Read, sign, and date the Internship / MAT ST Contract.
- Complete the Internship / MAT ST Data Sheet. This form will be sent to the supervising teacher(s) and university supervisor to whom you are assigned.
- Return your Internship / MAT Student Teaching Application, Internship / MAT ST Contract, and Internship / MAT ST Data Sheet to the Office of Teacher Services in GRH 2050 before the deadline. Please remember that applications will be processed in the order that they are returned.

Additional Important Information:

- Your assignment constitutes an obligation on your part and your plans should provide for meeting this assignment. Changes in assignments should never be requested except in cases of the most extenuating circumstances, as they reflect negatively upon the university and you. Please notify the Office of Teacher Services ASAP if you will be unable to fulfill this obligation.
- Intern / MAT student teacher candidates will be notified of their assignment by email as soon as the majority of placements are confirmed.
- You must file the results of a current (less than one year during the internship / student teaching term) physical examination and TB assessment with the Student Teaching Office. State law requires that we have these forms on file before you report to your internship /student teaching assignment. Once you have received your assignment, It is your responsibility to report to the school district to do a ten finger criminal record check. The fee for the criminal record check must be paid by money order or cashier’s check. (No personal checks). Please call the school district office for further details and to set up an appointment.
- You must register for internship just as you would for any other course. Completion of this application does not constitute registration. Please contact Stephanie Burch Wimsatt (Stephanie.wimsatt@wku.edu) for further information. Courses include EDU 589(6 hours), SPED 590(6 hours), IECE 524(3 hours) or LME 592(3 hours) – indicate based on your Program of Study.
- Your independent program representative will contact you regarding any required orientations.

PLEASE RETAIN THIS INSTRUCTION PACKET FOR FUTURE REFERENCE.
1. **FORMAL ADMISSION TO TEACHER EDUCATION ONE SEMESTER PRIOR TO APPLICATION** (Teacher Admission File Complete)

2. **APPLIED FOR INTERNSHIP / MAT STUDENT TEACHING BY FEBRUARY 15 FOR FALL PLACEMENT AND BY SEPTEMBER 15 FOR SPRING PLACEMENT**

3. **GRADE POINT AVERAGE** *(NEW REQUIREMENTS – 9/1/13)*
   a. Overall – 3.0 average in all graduate coursework
   b. Certification Subject(s) – Major(s) & Minor(s) - **2.75**
   c. Professional Education – 3.0 average in all graduate coursework

4. **CRITICAL PERFORMANCE AVERAGES**
   a. Disposition Scores - Disposition Averages of 3 or higher in all areas
   b. Critical Performance Score Averages of 2.5 or higher per KY Teacher Standard & Overall Average of 3 or higher.

5. **COMPLETION OF PREREQUISITES**
   a. All professional education courses except internship courses: i.e., EDU 589, SPED 590, IECE 524 or LME 592 and received grades of “C” or higher in all these courses
   b. 100% of the major area or area of concentration must be completed.
   c. Documented a minimum of 200 clock hours of approved field experiences in a variety of P-12 school settings and submitted a record of all clinical hours for review and confirmation.

6. **VALID AND CURRENT** **MEDICAL EXAMINATION**, including **tuberculin assessment**. **Not older than one year from the end of the semester you plan to complete your internship / student teaching**

7. **MORAL, SOCIAL, AND ETHICAL BEHAVIOR** *(as defined in the Professional code of Ethics for Kentucky School Certified Personnel)* must be demonstrated in the school community and the community at large.

**Note:** Kentucky and Federal Criminal Records checks will be conducted by the student’s assigned school districts **AFTER** the internship / student teaching placement has been made.
INTERNSHIP / MAT STUDENT TEACHING
CHECK LIST

_____ Have met all requirements listed in the information packet to be eligible to complete the internship / student teaching

_____ Read and followed the instructions to apply for admission to internship / MAT student teaching

_____ Completed the Internship / MAT Student Teaching Application Packet and returned the Application, the Internship / Student Teaching Contract, and the Data Sheet to GRH 2050 prior to the application deadline.

_____ Have a current (less than 1 year old) Physical/TB form on file in GRH 2050 prior to the deadline stated with the information included in the Admission to Internship / MAT Student Teaching Instruction Packet

_____ Reported as soon as possible to the school district office and completed a Federal and State Criminal Records Report after receiving my placement email (Placement emails will be received via mail approximately two (2) months after the application deadline)

_____ Registered for the internship semester

_____ Your individual program representative will contact you regarding any orientation you must attend. Please do not attend the Student Teacher Orientation offered by Teacher Services as this is for undergraduate students.

Has each item listed been completed?

Congratulations! You are now ready to Student Teach.
KENTUCKY DEPARTMENT OF EDUCATION
MEDICAL EXAMINATION OF SCHOOL EMPLOYEES *

Name___________________________________________________ Birth date__________________ Sex__________________________

Address________________________________________________ Telephone Number___________________

Applicant with WKU Internship / Student Teaching Office

HISTORY

Medical (All serious medical & psychiatric diseases: Diabetes, Epilepsy, Heart Disease, etc.)
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Surgical (All major operations)
____________________________________________________________________________________________________
____________________________________________________________________________________________________

* Per the Genetic Information Nondiscrimination Act of 2008, it is unlawful for an employer to request genetic information, genetic testing information, family medical history information, or family genetic testing information from an applicant or employee. The medical provider conducting this examination of an applicant/employee of a local school district shall not request, require or purchase this information about the applicant or employee. Any applicant or employee undergoing a medical examination for employment with a local school district shall not provide this information to the medical provider or the school district.

PHYSICAL

1. General Appearance ___________________ 7. Blood Pressure_________Pulse_________
2. Eyes_______________________________  8. Lungs__________________________
3. Ears, Nose & Throat____________________ 9. Abdomen________________________
5. Thyroid_____________________________  11. Extremities________________________
6. Heart______________________________  12. Other__________________________

TUBERCULOSIS RISK FACTOR ASSESSMENT

Yes ___ No ___ High risk for Tuberculosis infection
Yes ___ No ___ Referred to local health department for further TB infection evaluation
Yes ___ No ___ Tuberculosis test performed (specify: ___________TST/_________BAMT) _______________ Date of chest X-Ray

_____ No further follow-up unless signs/symptoms of Tuberculosis infection develop

CERTIFICATION OF MEDICAL EXAMINATION

I have examined ________________________________________, and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his/her duties, except as follows:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date of Examination ___________________ Signature (Physician/PA/ARNP)

PLEASE MAKE A COPY FOR YOUR OWN FILES

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