



Instructions to Apply for Clinical Teaching

The following items should be submitted to Educator Preparation Services, Warrior Hall Rm 322G

Number of Copies	Document Name	Notes
3	Application for Clinical Teaching	Must be typed and signed.
1	Clinical Teaching Location Form (Confidential Information for Coordinator of Field Placement Only)	Must be typed. Clinical Teaching is not assigned at a school where family members teach, work or attend, where pre-service teacher was a student or was employed or has close social or family ties or where close friends serve in a position that might cause undue influence on the clinical teaching experience.
2	Resume	Must be typed and there should be no errors in this document. Create a personal resume for the placement. Public school supervisors and principals will read these carefully before they decide to accept or reject the placement.
2	Clinical Teacher – Remaining Courses Worksheet	List course number and name for all courses not yet completed or taken. Provide transcript for any coursework from other institutions not shown in Warrior Web. This form must be signed by the advisor.
1	Clinical Teaching Interview Preliminary Questionnaire	Must be typed.
1	Copy of Driver's License	Legible copy.
	Picture	Taken when application is submitted or at the interview.
	Individual/Small Group Interview & Information session	Sign up for date and time when application is submitted.

***Note: All changes in address, telephone number, or other plans for field experiences or clinical teaching must be reported immediately to the Educator Preparation Services Office.**



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS™

Clinical Teaching Preliminary Questionnaire

1. Please share why you are choosing to become a teacher.

2. Please share about growing up in your family and in your hometown.

3. Who is the one teacher in your life that you would most like to emulate and why?

4. Describe a lesson learned from your previous field experiences.

5. How do you demonstrate professionalism on a daily basis?



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS™

Application for Clinical Teaching

Date: _____ Email: _____

Name: _____
LAST NAME FIRST NAME MI

Local Phone: _____ Alternate Phone: _____

Local Address: _____ City: _____ State: ____ Zip: _____

Permanent Address: _____ City: _____ State: ____ Zip: _____

Semester for full-day Clinical Teaching: _____

Interdisciplinary Content Area:

☐ EC-6 Generalist with ESL

☐ 4-8 English Language Arts & Reading/Soc Studies/ESL

☐ 4-8 Math with ESL

☐ EC -12 Special Education/EC-6 Generalist/ESL

Secondary:

Major Certification Field

NOTE: this must match the certificate plan filed with the office of Educator Preparation Services at application to the Teacher Education Program.

Do you speak languages other than English? Yes ☐ _____ No ☐
(please specify)

Other skills and /or comments:

Signature

Date

Please return completed application during regular business
hours to: Educator Preparation Services
Warrior Hall 3rd Floor, Room 322G



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS™

Clinical Teaching Location Form

Name: _____ Date: _____
FIRST NAME LAST NAME MI

Address while in Clinical Teaching: _____

Local City, State, Zip: _____

Content Area:

- | | |
|---|---|
| <input type="checkbox"/> EC-6 Generalist with ESL | <input type="checkbox"/> 4-8 English Language Arts & Reading/Soc. |
| <input type="checkbox"/> 4-8 Math with ESL | <input type="checkbox"/> EC -12 Special Education/EC-6 Generalist/ESL |

Secondary/ All Level: Major

Certification Field

Educator Preparation Services office reserves the right to modify clinical teaching placements when deemed necessary. Once applications have been submitted no requests for changes to placements are authorized unless a placement would prevent a student from being certified.

Clinical Teaching is not assigned at a school where family members teach, work or attend, where pre-service teacher was a student or employed or has close social or family ties or where close friends serve in a position that might cause undue influence on the clinical teaching experience. Please list any school districts and campuses where you may have family, friend or close relationships employed or in attendance.

School District or Campus



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS™

Fall Clinical Teacher Intern Worksheet

(Use this form if your clinical teaching rotation is during the Fall semester.)

SPRING (course # and name)	SUMMER II (course # and name)
	OTHER (course# and name)
SUMMER I (course# and name)	FALL (course # and name)
	EDU 490 Clinical Teaching 6
	EDU 435 PDIV 3

My signature below acknowledges that I am aware that I must pass my content TExES examination and complete all required major certification courses prior to moving to clinical teaching. I understand that an exception will only be allowed in the event that the required course(s) were not available in the two (2) previous semesters. Further, I understand that I must personally provide official transcripts showing acceptable grades for all courses previously completed and/or proof of registration in any courses currently in progress at other institutions.

Signature of Clinical Teacher

Date

Signature of Advisor (MANDATORY)

Date



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS™

Spring Clinical Teacher Intern Worksheet

(Use this form if your clinical teaching rotation is during the Spring semester.)

SUMMER I (course # and name)	FALL (course # and name)
SUMMER II (course# and name)	
	SPRING (course # and name)
OTHER (course# and name)	EDU 490 Clinical Teaching 6
	EDU 435 PDIV 3

My signature below acknowledges that I am aware that I must pass my content TExES examination and complete all required major certification courses prior to moving to clinical teaching. I understand that an exception will only be allowed in the event that the required course(s) were not available in the two (2) previous semesters. Further, I understand that I must personally provide official transcripts showing acceptable grades for all courses previously completed and/or proof of registration in any courses currently in progress at other institutions.

Signature of Clinical Teacher

Date

Signature of Advisor (MANDATORY)

Date