

Clinical Teaching Application

Southwestern Assemblies of God University ▲ 1200 Sycamore Street ▲ Waxahachie, Texas ▲ 75165

(Print Clearly with Black Ink or Type)

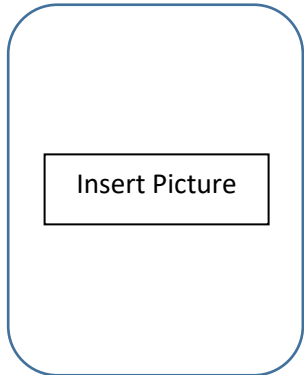
<u>(Last Name)</u>	<u>(First)</u>	<u>(Middle)</u>	<u>(Maiden)</u>
Semester Address:		Permanent Address:	
SAGU Suite #: _____	Street: _____		
Street: _____	City: _____		
City: _____	State: _____	Zip: _____	
State: _____	Zip: _____	Cell Phone: _____	

In Which Semester Do You Plan To Clinical Teach? Fall ___ Year ___ **OR** Spring ___ Year ___

Certification(s) Sought: State of Texas Degree Only

Specialization:

___ Elementary Core Subjects EC-6	___ Music EC-12 <i>(Choose 1 of the following below)</i>
	___ Vocal
___ Middle 4-8 OR ___ Secondary 7-12	___ Instrumental
<i>(Mark specific content area below)</i>	
___ English Language Arts & Reading	___ Physical Education EC-12
___ Mathematics	
___ Social Studies/History	___ Theatre EC-12



If you have taken the necessary ESL and/or SPED courses and wish to be certified in one or both of the supplemental certification courses listed below, please check the appropriate boxes.

English as a Second Language Supplemental

Special Education Supplemental

Have you ever been the subject of an arrest that has resulted in deferred adjudication, probation, or a conviction? _____ YES _____ NO

- If YES, attach a statement with the date/place of arrest, nature of charge, and court of trial, and subsequent disposition.
- NOTE: Upon completion of certification requirements, the State Board of Educator Certification will conduct a criminal background check on all individuals recommended for certification.

Must be in good standing in Conduct and Chapel Attendance according to SAGU Student Handbook.

All information contained herein is true to the best of my knowledge. I understand that all documents regarding my acceptance in the education program and all evaluations and references pertaining to my clinical teaching are the property of SAGU, and I waive my rights to view or obtain such documents.

(Signature) _____
(Date)

For Office Use Only: Observation Hrs. _____ Certificates Completed _____ Attempted Tests _____

Cumulative GPA _____ Content GPA _____ Good Standing: _____ Conduct _____ Chapel Attendance _____

Clinical Teacher Memo of Understanding

Clinical teaching is the culminating experience in the SAGU Teacher Education program. The clinical teaching semester is a valuable, professional experience that provides you, the clinical teacher, with a variety of opportunities to put theory into practice. Clinical teaching experiences are designed to provide opportunities for clinical teachers to observe, plan, implement, and evaluate instructional material and techniques. For these reasons, the following must be understood:

- All clinical teachers are issued a Clinical Teaching Handbook. This handbook lists requirements and expectations for successful completion of this course. It is the students' responsibility to read the handbook and thoroughly understand its contents.
- The clinical teacher must be present in their assigned school for the entire school day as determined by the cooperating teacher's schedule. Exceptions will only be made for required SAGU meetings, i.e., Career Day, etc.
- Clinical teaching is considered a full-time job. Outside activities (e.g., employment, ministry, sports, or student organizations) must be held to a minimum during Clinical Teaching. Students are not permitted to maintain SAGU sports participation during Clinical Teaching. Should you choose to be involved in one of the aforementioned activities and your clinical teaching internship performance fails to meet expectations, it will be necessary for you to cease participation in the activity or risk failure of the clinical teaching internship course.



I, _____, to the best of my ability, understand that my
(Printed Name)

Clinical teaching internship is equivalent to that of a full-time job. It will require my full attention and participation. I have read and understood each of the statements above.

By signing this Memo of Understanding, you are agreeing to the above-stated information:

(Signature)

(Date)