Academy School District Twenty
Colorado Springs, CO
GUIDELINES FOR STUDENT TEACHERS

A. Prerequisite for Student Teaching

• Preferred GPA (4.0 scale) in endorsement/emphasis area, secondary, is 2.75 or higher.
• Willing to accept the guidance of a cooperating teacher and other staff members.
• Demonstrates a strong commitment to students and learning/teaching.
• Has signed and returned a release form to run a criminal background check.
• Academy School District #20 has received your written application from your university, which includes an official request for placement from your student teaching supervisor or a university official and transcripts.

B. Academy District #20 Central Office

• Materials requested above under “A” should be sent to:

  Linda Ranson
  Education and Administration Office
  1110 Chapel Hill Drive
  Colorado Springs, CO 80920
  (719) 234-1241
  www.asd20.org

• If you know where/with whom you wish to student teach, you should receive notice of placement or denial of placement within 2-3 weeks.
• If you know only the level/subject you wish to student teach, within 2 weeks you should receive the names, addresses and number of a least two building administrators with whom you may interview. Responsibility for follow-up is yours. Placement or denial of placement will follow within 2 weeks of your initial visit/interviews at the building level.
• If you have not heard from us within three weeks of sending your student teaching placement request materials, please call to make sure that we received your packet.

C. Building Level Placement

• Final decisions regarding placement of student teachers are made by a building administrator. Please call the building to see if the administrator requires an interview prior to final placement.
• Your cooperating teacher must have the endorsement you, the student teacher, are seeking.
• Your cooperating teacher must have a minimum of three years teaching experience in Academy School District #20.
STUDENT TEACHER REQUEST FORM

Name________________________________________
Address_____________________________________
City, State, Zip code__________________________
Phone Number________________________________
University/College____________________________
Major________________________________________
Minor________________________________________
What endorsement are you seeking?________________
When would you like to student teach? (dates)______
What level would you like to student teach?__________
A. Senior High school (9-12)
   Indicate subject(s)___________________________
B. Middle school (6-8)
   Indicate subject(s)___________________________
C. Elementary (K-5)
   Indicate grade(s) you would like to teach_______
Do you have a preference of one of our schools? Yes/No
   First choice________________________________
   Second choice_______________________________
Is there a cooperating teacher you prefer? Yes/No
   First choice_________________________ in_ School
   Second choice_________________________ in_ School

When it is possible, Academy School District Twenty will try to accommodate your request. However, the District may determine that an alternative placement is professionally more reasonable or appropriate.

Our mission is to provide a rich, academically rigorous curriculum as the foundation upon which students are encouraged to build for future success.
STUDENT TEACHER REFERENCE INFORMATION FORM
ACADEMY SCHOOL DISTRICT #20

PLEASE PRINT

NAME: ____________________________________________

Last   First   Middle

HOME ADDRESS: ________________________________

Street   City   State   Zip

Telephone: ____________________________ Social Security Number: ____________________________ Date of Birth: ____________________________
(Where you may be reached)

Drivers License: State: __________ Number: ____________________________ Expires: ____________________________

1. Are you able to perform the job-related functions of the position(s) for which you are applying for student teaching?  YES ______  NO ______

2. Have you ever been convicted of a felony?  YES ______  NO ______
   If YES, please explain: ________________________________________________

3. Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense, deferred further proceedings without entering a finding of guilty and/or placed you on probation?  YES ______  NO ______
   If YES, please explain: ________________________________________________

4. Have you ever been convicted of, pled nolo contendere to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving a child?  YES ______  NO ______
   If YES, please explain: ________________________________________________

5. Have you ever been dismissed, or have your resigned from a position as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior?  YES ______  NO ______
   If YES, please explain: ________________________________________________

6. Have you ever been involuntarily terminated from any employment?  YES ______  NO ______
   If YES, please explain: ________________________________________________

Please continue on the other side of this page.
REFERENCES

List four persons who have known you in a supervisory/working capacity and/or university/college capacity.

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I hereby grant Academy School District 20 full authority to complete a background check via driver's record, criminal history, index and registry files.

Signature _______________________________ Date __________________

Office Use: ______CDE ______CBI ______