



TEACHING INTERNSHIP APPLICATION PACKET

Due: October 14, 2009 for Spring 2010 Placements
March 18, 2010 for Fall 2010 Placements

**TRINITY UNIVERSITY
SCHOOL OF EDUCATION
125 MICHIGAN AVENUE, NE
WASHINGTON, DC 20017
202/884-9555**

INSTRUCTIONS FOR COMPLETING THE TEACHING INTERNSHIP APPLICATION PACKET

All candidates in teacher education programs must successfully complete an internship as a requirement for program completion. In order to be placed in an internship, candidates must submit a completed Teaching Internship Application Packet by October 14 for placements in the following spring semester and by March 18 for placements in the following fall semester. Candidates completing the internship must also enroll in EDTE 689, the three-hour seminar that accompanies the internship.

A completed Internship Application Packet includes a:

1. Completed Internship Application Form (See pp. 3-4)
2. Completed Criminal History Disclosure Statement (See p.5)
3. Current resume (See p.6)

Please note that many of the required documents must be signed by the candidate and his/her advisor. To this end, candidates must make arrangements with their advisors to review the packet and obtain the necessary signatures. Candidates should submit the completed packet to their advisors. Partially completed packets will not be accepted. Candidates who submit packets late may not be placed in internships in the following semester.

Trinity University makes all internship placements. We will attempt to place candidates in the schools requested, but this is not always possible. If candidates plan to complete internships in their place of employment, please note that the Director of Teacher Education will decide whether such a placement meets the needs of certification. In addition, if candidates plan to complete the internship at a place of employment, but are not employed at the time this application packet is submitted, it is important that the candidates inform the Director of Teacher Education when they become employed and provide the necessary information for placement. Otherwise, these candidates will be placed in schools with appropriate internship slots, as available.

Candidates not employed in the schools where they are completing the internship are strongly encouraged to obtain private liability insurance. A flyer with further information on liability insurance is included in this packet.

If you have questions about the Teaching Internship Application packet prior to meeting with your advisor, please contact Dr. Antoinette Mitchell, Associate Dean and Director of Teacher Education at mitchellan@trinitydc.edu or (202) 884-9559.

Teaching Internship Application

Candidate Contact Information:

Candidate Name: _____

Telephone No.: _____

Email Address: _____

Social Security No: _____

Anticipated Graduation Date: _____

Anticipated Semester for Internship: _____

Major:

Early Childhood Education Secondary Education, Social Studies
 Elementary Education Special Education
 Secondary Education, English TESOL

Standardized Exams:

Name of Exam	Test Number			
PRAXIS I Scores		R:	M:	W:
PRAXIS II Content Scores or Scheduled Date of Exam				
PRAXIS II Pedagogy Scores or Scheduled Date of Exam				

Comprehensive Exams:

Date Successfully Completed: _____

If not yet taken or successfully completed, scheduled date: _____

Prerequisite Courses:

Prerequisite courses	Completed	Not Completed	Not Applicable
General Education Requirements			
Core Courses			
Education Methods Courses			
Secondary Education Subject Area Courses			

For any prerequisite courses marked Not Completed, please indicate the courses needed and the expected completion date on the following table. If all prerequisite courses have been completed, please leave the following table blank.

Prerequisite courses	Courses needed	Anticipated semester of completion	Additional notes
General Education Requirements			
Core Courses			
Education Methods Courses			
Secondary Education Subject Area Courses			

School Requirements:

Requirement	Date Completed
Tine test or chest x-ray	
Please note that school districts will require a current arrest and criminal history record before allowing candidates to intern in schools. Costs of such background checks are incurred by candidates.	

Internship Site Preferences:

If you are currently employed as a teacher and plan to complete your internship in your place of employment, please complete the following:

School Name: _____
 School Address: _____

School Telephone No.: _____
 Principal Name: _____
 Principal Telephone No.: _____
 Principal Email: _____

Please indicate the subject and grade level that you currently teach: _____

Internship Location Preferences: (Complete if you are not currently employed as a teacher)

County: _____ State: _____ Grade: _____
 Do you have your own transportation? _____

I certify that the above information is accurate.

Candidate's Signature:		Date:	
Advisor's Signature:		Date:	

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Criminal History Disclosure Statement

This Criminal History Disclosure Statement is required and is a condition of your teaching internship assignment.

Have you been convicted of a crime (excluding non-jailable traffic offense)?

YES NO

Have you received a disposition of probation before judgment for a crime (excluding non-jailable traffic offense)?

YES NO

Have you received a disposition of not criminally responsible for a crime (excluding non-jailable traffic offense)?

YES NO

If you answered "YES" to any of the above questions, explain in detail the specifics of the conviction(s) and/or disposition(s):

Are you the subject of pending criminal charges (excluding non-jailable traffic offense)?

YES NO

If you answered "YES" to any of the above questions, explain in detail the specifics of the pending charge(s):

I DO SOLEMNLY DECLARE OR AFFIRM UNDER THE PENALITIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I AM THE APPLICANT WHOSE SIGNATURE APPEARS BELOW. I UNDERSTAND THAT MISREPRESENTATION AND/OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AND THAT FAILURE TO DISCLOSE THE ABOVE INFORMATION CONSTITUTES PERJURY.

Date: _____

Signature of Applicant: _____

Name of Applicant: _____

(Please Print)

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RESUME FORMAT

Please use the following resume format as a guide in writing your resume. Note that your resume may be sent to your teaching internship placement site as part of the confirmation of your assignment.

NAME

Address
City, State, Zip

Phone
E-mail Address

Employment Goal: To secure a position as a

*BE SURE TO INCLUDE THE FOLLOWING INFORMATION, AS APPLICABLE,
LISTING THE MOST RECENT ACTIVITY FIRST.*

EDUCATION

EMPLOYMENT

HONORS

PROFESSIONAL EXPERIENCES

OTHER EXPERIENCES

CONFERENCES AND WORKSHOPS

PROFESSIONAL ORGANIZATIONS

SERVICE ORGANIZATIONS