



VCU

Department of Music
 Student Teaching Application
 Spring 2019

Please type all responses. Handwritten forms will not be accepted.

Last Name: _____ First Name: _____ M.I.: ____ V#: _____

Local Address: _____

Home Address: _____

Cell phone: _____ Email: _____

Endorsement Area: Choral Instrumental Overall GPA: _____ Music Ed GPA: _____

Completed or Anticipated Date of Completion of Junior Recital: _____

Current & Previous Practicum Placements

List name of school division/school/host music educator below.

Elementary General Music Ed.: _____

Middle School: _____

High School: _____

Special Accommodations/Requests

Physical Limitation(s) requirements: Yes No

If yes, please provide the attachment required in Section III.5 as listed in instructions.

Special requests: Yes No

If yes, please provide the attachment required in Section III.5 as listed in instructions.

SAT/PRAXIS 1; VCLA; PRAXIS II - Music Content: You must have taken and passed the PRAXIS I Tests or have minimum SAT/ACT scores, VCLA, and Praxis II - Music Content in order to student teach in Spring 2019. Please attach a copy of your scores.

<u>Personal Background Information</u>	YES	NO
1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? Please note: This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.	<input type="checkbox"/>	<input type="checkbox"/>

<u>Personal Background Information continued</u>	YES	NO
7. Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? <i>Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever left any education-or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving and allegation of misconduct was pending, eligible for appeal, or under appeal? <i>Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**If you checked “Yes” to any of the above questions,
please make an appointment immediately with Dr. Greenagel.**

I, _____ (print full name) certify that this application is complete and that all information contained is accurate and true. I am aware of, and agree to, the forwarding of my application, personal statement, transcript, TB results, and background check payment (if applicable) for the purpose of securing internship/student teaching placements in schools in one or more of the following school divisions: Henrico, Chesterfield, Hanover or Richmond.

Student Teaching Applicant Signature: _____ Date: _____

Music Education Program Director Certification:

I have reviewed the record of this applicant, including any extenuating circumstances or requests, to ensure that all of the prerequisites for Student Teaching have been satisfied in accordance with Bulletin requirements. Attached are all required materials.

This applicant is recommended for Student Teaching in Music Education PK-12: Choral/Instrumental

If the applicant is conditionally recommended for the program, please specify the condition(s):

Music Education Program Director Signature: _____ Date: _____

Due Date: Thursday, August 30, 2018 by noon.

Late applications will not be accepted.

**Submit to: Dr. David J. Greenagel
Director of Music Education
James W. Black Music Center, Room 1006**