

Spotsylvania County Public Schools

Application for Student Teaching and/or Practicum

Directions: All eligible candidates must complete an application and be approved by the Spotsylvania County Public Schools Human Resources administration prior to seeking any placement. Each candidate will be assigned an appropriate placement based on school division selection. All **student teaching** candidates must submit the results of a TB skin test along with this application and will undergo a background check. Spotsylvania County Public Schools is an Equal Opportunity Employer. **Once complete, please email this form to Dr. Kay-Wyatt at mkaywyatt@spotsylvania.k12.va.us.**

Name: _____ Home# _____

Address: _____ Cell# _____

_____ E-mail: _____

City State Zip

College/University Attending: _____

Anticipated Degree & Major: _____

Professor/Contact: _____ Phone: _____ E-mail: _____

Experience Sought: ___ Student Teaching ___ Practicum ___ # of Hours

1ST Placement Anticipated Start Date: ___/___/___ End Date: ___/___/___ _____

2nd Placement Anticipated Start Date: ___/___/___ End Date: ___/___/___ _____

Desired Level: 1st Placement -- School: _____ Grade/Subject Requested: _____

2nd Placement -- School: _____ Grade/Subject Requested: _____

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes No

If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

Have you ever been convicted of violation of law other than minor traffic violations? Yes No

If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

I understand that any omission, misrepresentation, or false statement made on this application or any supplement to it will be considered sufficient grounds for my application not to be considered, or disciplinary action including dismissal should I become employed with Spotsylvania County Public Schools. Yes No

Signature: _____ Date: ___/___/___

Department of Human Resources Use Only: Human Resources Approval: Yes No _____

Human Resources Administrator Date

1st Placement: _____ Grade/Subject: _____ School Phone: _____

Cooperating Teacher: _____ Email: _____

Administrative Contact: _____ Email: _____

2nd Placement: _____ Grade/Subject: _____ School Phone: _____

Cooperating Teacher: _____ Email: _____

Administrative Contact: _____ Email: _____