Student Teaching Agreement  
Illinois State University

The Following questions reflect the responsibilities that must be meet by each student prior to the due date he/she is to be to student teach. Failure to complete any of these responsibilities prior to due date will render the student ineligible and the student teaching placement retracted.

\_\_\_\_\_1a. I understand I must provide and pass the National Criminal Background Check as specified by the Council for Teacher Education, before I can begin my student teaching or field based placement.

\_\_\_\_\_1b. I must successfully pass the criminal background check, in the University's sole discretion, in order to successfully pass Gateway I.

\_\_\_\_\_1c. I understand I have an ongoing obligation to be in compliance with Gateway I. If I am convicted of a criminal offense or anything about my criminal background check changes, I must inform the Director of the Cecilia J. Lauby Teacher Education Center of this information. A failure to provide information to the Director of the Cecilia J. Lauby Teacher Education Center and/or a change in my Criminal Background Check may lead to not being able to complete my student teaching or field based placement, and/or remain in the teacher education program.

\_\_\_\_\_1d. I understand I am also responsible for obtaining a Criminal Background check for the School District(s) where I will be student teaching or completing my field based placement.

\_\_\_\_\_2. I certify I have read, understand, and agree to Illinois State University’s Code of Student Conduct and understand that I am bound by the Code the entire time that I am participating in any placement experience. Full text available at: <http://deanofstudents.illinoisstate.edu/conflict/conduct/code/>

\_\_\_\_\_3. I understand I must successfully complete a minimum of 100 pre-student teaching clinical hours, 50 hours of which must meet the diversity standards established by the Council for Teacher Education, prior to being allowed to student teach.

\_\_\_\_\_4. I understand all of my Gateway II requirements are due by December 15th, if my student teaching placement is during the spring semester, or by July 15th, if my student teaching placement is during the fall semester. Failure to meet these deadlines will result in my having to postpone my student teaching placement.

\_\_\_\_\_5. I understand I must provide a passing score on the State of Illinois Content Area Exam to the Cecilia J Lauby teacher Education Center prior to the Gateway II due dates of July 15th, if my student teaching placement is in the fall semester or December 15th, if my student teaching placement is in the spring semester. Additional department/school requirements may apply.

\_\_\_\_\_6. I understand I must provide a negative TB test result to the Lauby Teacher Education Center and by signing this document, Illinois State University has my permission to share my TB results as requested by schools and agencies in an effort to secure my student teaching/field based placement. I understand additional school district or department/school requirements may apply.

\_\_\_\_\_7. I understand I must maintain the cumulative and major GPA required by my department/school to be eligible for a student teaching placement.

\_\_\_\_\_8. I understand the importance of checking with my academic advisor prior to student teaching/field based placement to confirm that all coursework and other requirements have been completed prior to my student teaching/field based placement semester.

\_\_\_\_\_9. I understand my student teaching/field based placement must be appropriate to my program. It is the sole discretion of the Cecilia J Lauby Teacher Education Center. Specific requests (i.e. specific school, specific geographic location, etc.) may not be provided.

\_\_\_\_\_10. I understand if I am an individual with a disability and require an accommodation (including academic accommodations) during my student teaching/field based placement, I must immediately contact the Office of Student Access and Accommodation Services with my request.

\_\_\_\_\_11. I understand I must have adequate health, accident, and liability insurance during my entire student teaching/field based placement.

\_\_\_\_\_12. I understand some school districts have requirements that teacher candidates must meet in addition to the requirements at ISU.

\_\_\_\_\_13. I understand I am responsible for transportation to and from my student teaching/field based placement. I also understand that my commute may exceed one hour and that my placement is not dependent on where I live.

\_\_\_\_\_14. I understand I am responsible for lodging at the site of my student teaching/field based placement.

\_\_\_\_\_15. I understand I cannot be assigned a placement in a school district I have attended, where my relatives or close friends work, or where I have had prior work or volunteer experience.

\_\_\_\_\_16. I understand neither I, nor friends or family members, can be involved in the arrangement of my student teaching /field based placement.

\_\_\_\_\_17. I understand my student teaching/field based placement will not be pursued until my complete application packet has been received by the appropriate coordinator in the Cecilia J Lauby Teacher Education Center.

\_\_\_\_\_18. I understand I must successfully complete all Gateways in a timely manner, including completion, submission and passing of the edTPA before I am allowed to graduate (Gateway III).

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 The copy you submit with your application will be retained in CELP.

**Please make a copy for your own reference.**