

McLean County Unit District No. 5



Student Teacher Information Form

Please complete the following information relating to your current status. Anytime this information changes, please notify the unit office. This information will be kept in your personnel file should a situation arise that the district needs the information.

Name:					
<i>(Last Name)</i>		<i>(First Name)</i>		<i>(Middle)</i>	
Address:					
<i>(Number)</i>		<i>(Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Telephone #:			Email:		
Name & Telephone to contact in case of Emergency:			Emergency contact's place of employment:		
(Name) _____			_____		
(Telephone #) _____			_____		
Start Date:					
Cooperating College or University:					
Cooperating Teacher:					
Contact at College or University:					

In case of emergency involving you, what Doctor should be contacted?

Doctor: _____ Phone: _____

Are you allergic to any medications? ___ Yes ___ No

If yes, please list _____

Additional family or persons to contact in case of an emergency:

Name _____ Phone: _____

Name _____ Phone: _____



Student Teacher Application Form

PERSONAL INFORMATION:

Name: _____
Last First MI
Maiden Name or if known by any other name: _____

Address: _____
Street City State Zip

Phone Number: (_____) _____ - _____ Email: _____

Emergency contact: _____ Phone: _____

PLACEMENT INFORMATION:

Time Frame for Student Teaching: _____ Graduation Date: ____/____/____
____ First Semester ____ Second Semester

District Building Placement: _____

Grade Level Placement: _____

Subject Placement: _____

Cooperating Teacher: _____

CONTACTS:

Please list the advisory contact at your College or University:

1. _____
Name Phone
2. _____
Name Phone
3. _____
Name Phone

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a student teacher. McLean County Unit District No. 5 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you?

Yes No

If yes, please explain:

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

Yes No

If yes, please explain:

WAIVER OF LIABILITY:

McLean County Unit District Unit No. 5 does not provide insurance coverage to non-district personal which include individuals serving as Student Teachers. The purpose of the following information is to inform the Student Teacher and to document your acknowledgement and agreement that you are acting as a Student Teacher as your own risk. Therefore, McLean County Unit District No. 5 does not provide insurance coverage for the Student Teacher for any loss, injuries, illness or death resulting from the Student Teacher's unpaid service to the District.

You agree to assume all risk of injury, illness, damage, or loss of any nature or kind, arising out of your Student Teaching assignments, whether supervised or unsupervised, and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for the loss due to death, injury, or damage of any kid arising out the Student Teacher's supervised or unsupervised service to the District.

Student Teacher Name

Date

Signature

General Personnel – Drug- and Alcohol-Free Workplace

It is the policy of the District that the public has the reasonable right to expect all District employees to be free from the effects of drugs and alcohol while on duty, on District property, or at District events, and to observe the laws concerning the use of drugs and alcohol regardless of whether they are on duty, on district property, or at District events. The purposes of this policy shall be achieved in such a manner as not to violate any constitutional rights of employees. All District property and events are drug- and alcohol-free places. All employees shall be prohibited from:

1. Possessing, consuming, using, manufacturing, dispensing, distributing, or being under the influence of alcohol while on duty, on District property, or at district events; and,
2. Possessing, selling, purchasing, delivering, manufacturing, dispensing, distributing, using, or being under the influence of any illegal drug, controlled substance, or cannabis, except where authorized by prescription.

For purposes of this policy, an illegal drug means a substance that is:

1. Not legally obtainable,
2. Being used in a manner different than prescribed,
3. Legally obtainable, but has not been legally obtained, or
4. Referenced in federal or State controlled substance acts.

As a condition of employment, each employee shall:

1. Abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than 5 days after such a conviction.

In order to make employees aware of dangers of drug and alcohol abuse, the District will:

1. Provide each employee access to the District Drug- and Alcohol-Free Workplace policy online;
2. Post notice of the District Drug- and Alcohol-Free Workplace policy in a place where other information for employees is posted;
3. Make available materials from local, State, and national anti-drug and alcohol-abuse organizations;
4. Enlist the aid of community and State agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;

5. Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace
 - b. Available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
 - c. The penalties that the District may impose upon employees for violations of this policy.

Discipline

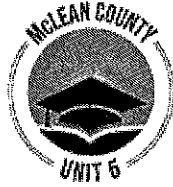
Any employee who violates this policy may be subject to disciplinary action, up to and including discharge. In addition, the Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse, employee-assistance rehabilitation program.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent or designee shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans With Disabilities Act, 42 U.S.C. §12114.
Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11 - 1308.15.
Drug-Free Workplace Act of 1988, 41 U.S.C. §701 et seq.
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.
Drug-Free Workplace Act, 30 ILCS 580/.

Adopted: August 13, 1991
Reviewed: October 2011
Amended: December 14, 2011

McLean County Unit District No. 5



ACKNOWLEDGEMENT, AGREEMENT, AND RECEIPT

OF

DRUG AND ALCOHOL FREE WORKPLACE POLICY

The undersigned hereby acknowledges receipt of a copy of the Drug and Alcohol Free Workplace policy. The undersigned hereby acknowledges and agrees that nothing contained in the policy including practices, and benefits stated herein are intended to create any contractual right, express or implied, to employment or to any particular term or condition of employment. We retain the right to revise, amend the policy or terminate any policy unilaterally without notice at any time and the Student Teacher's continued opportunity to student teach in McLean County Unit District No. 5 will be deemed acceptance of such revisions and modifications.

Print Name

Signature

Date

(This acknowledgement will be retained in the student teacher's file.)

McLean County Unit District No. 5

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am working and/or
(Name)

Volunteering for McLean County Unit District No. 5 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, The Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, The Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature

Date

Bushue Background Screening

A Division of Bushue Human Resources, Inc.

**Bushue Background Screening is the
fingerprinting /background screening provider for**

McLean Unit District No. 5

A fingerprint criminal check is a requirement by the Illinois School Code.

Background checks are conducted through the submission of fingerprints to the Illinois State Police and FBI.

INSTRUCTIONS FOR FINGERPRINTS AND PAYMENT

- To schedule a fingerprinting appointment please call Bushue at 217-342-3042, Monday –Friday, 8:00 a.m.—5:00 p.m.
- Or Log on to <https://www.bushuebackgroundscreening.com/schedule> to schedule an appointment online.
- Appointments can be completed at 2841 E. Empire St., Suite 136 Bloomington or another location given to you by Bushue.
- Days of appointments varies each week. Bushue is in Bloomington/Normal at least 2 days each week.
- Prior to your appointment with Bushue please complete attached information sheets, take a copy with you to your appointment and send other with packet to Unit 5 at 1809 W. Hovey Ave, Normal. 309-557-4025.
- Bring valid photo ID on the day your prints are to be conducted.

PAYMENT

- Bring **\$52** to Unit 5 at 1809 W. Hovey, Normal in exact cash or check. You can also mail to Unit 5 — **payable to Unit 5.**
- Pay Online at: <https://unit5.revtrak.net/unit-5/#/v/Unit-5-Criminal-Background-Check-Student-Teaching> using debit or credit card.



McLean County CUSD #5
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS
(BHR Fingerprint - School)

Disclosure

McLean County CUSD #5 has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you ("End-User"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening ("Agency"), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).



McLean County CUSD #5

(BHR Fingerprint - School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY				
Applicant's Legal Name (full name)	First:	Middle:	Last:	
Alias or Maiden Name	First:	Middle:	Last:	
Home Address:	Street Address:		City:	State: Zip:
APPLICANT INFORMATION				
Date of Birth (MM/DD/YYYY): ____/____/____		Social Security Number: ____-____-____		Place of Birth (state):
Phone Number:		Email Address:		
Driver's License Number:		State of Issuance:	Gender: Male Female	
Race (Circle):	Skin Tone (Circle):	Eye Color (Circle):	Hair Color (Circle):	Height: ____ ft. ____ in.
Indian/Alaskan	Black	Black	Bald	
Asian	Dark Brown	Blue	Black	
Black	Light Brown	Brown	Blonde	
Pacific Islander	Fair	Green	Brown	
White/Caucasian	Light	Gray	Gray	
Hispanic/Latino	Medium	Hazel	Sandy	
Unknown/Other	Olive	Other	Red	
Weight				
Circle if applicable: Student Teacher Bus Driver Contractor				
Position Applying For (if contractor, list the name of your employer): _____				
APPLICANT SIGNATURE AND DATE				
Signature (if under the age of 18, parent/guardian signature is required):				Date:

Office Use Only: Bushue Background Screening				
Proof of Identity:			ORI Number:	
DL	State ID	Passport	Birth Certificate	SSC
			Regular: IL057005S Bus Driver: SB0570005	
Technician:	Technician License Number:		TCN:	Purpose Code:
	249.000 _____			
Date of Fingerprint:	Time:	Location:	Payment Amount _____	
			Payment Type: Cash M.O CC _____	



McLean County CUSD #5

(BHR Fingerprint - School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY				
Applicant's Legal Name (full name)	First:	Middle:	Last:	
Alias or Maiden Name	First:	Middle:	Last:	
Home Address:	Street Address:	City:	State:	Zip:
APPLICANT INFORMATION				
Date of Birth (MM/DD/YYYY): ____/____/____	Social Security Number: ____-____-____		Place of Birth (state):	
Phone Number:		Email Address:		
Driver's License Number:		State of Issuance:	Gender: Male Female	
Race (Circle):	Skin Tone (Circle):	Eye Color (Circle):	Hair Color (Circle):	Height: ____ ft. ____ in.
Indian/Alaskan	Black	Black	Bald	Weight
Asian	Dark Brown	Blue	Black	
Black	Light Brown	Brown	Blonde	
Pacific Islander	Fair	Green	Brown	
White/Caucasian	Light	Gray	Gray	
Hispanic/Latino	Medium	Hazel	Sandy	
Unknown/Other	Olive	Other	Red	
Circle if applicable: Student Teacher Bus Driver Contractor				
Position Applying For (if contractor, list the name of your employer): _____				
APPLICANT SIGNATURE AND DATE				
Signature (if under the age of 18, parent/guardian signature is required):			Date:	

Office Use Only: Bushue Background Screening				
Proof of Identity: DL State ID Passport Birth Certificate SSC			ORI Number: Regular: IL057005S Bus Driver: SB0570005	
Technician:	Technician License Number: 249.000 _____	TCN:		Purpose Code:
Date of Fingerprint:	Time:	Location:	Payment Amount _____	
			Payment Type: Cash M.O CC _____	

General Personnel – Workplace Harassment Prohibited

The District expects the workplace environment to be productive, respectful, and free of unlawful harassment. District employees shall not engage in harassment or abusive conduct on the basis of an individual's race, religion, national origin, sex, sexual orientation, age, citizenship status, disability, or other protected status identified in Board policy 5.10. Harassment of students, including, but not limited to, sexual harassment, is prohibited by Board policy 7.20.

Sexual Harassment Prohibited

The District shall provide a workplace environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting sexual harassment on the basis of sex as defined and otherwise prohibited by state and federal law.

District employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment prohibited by this policy includes verbal or physical conduct. The terms intimidating, hostile, or offensive include, but are not limited to, conduct that has the effect of humiliation, embarrassment or discomfort. Sexual harassment will be evaluated in light of all the circumstances.

Complaints

Aggrieved persons who feel comfortable doing so, should directly inform the person engaging in the harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of sexual harassment to the Nondiscrimination Coordinator and/or use the *Uniform Grievance Procedure*. Contact the District Office for the names, addresses, and telephone numbers of the District's current Nondiscrimination Coordinator and Complaint Managers. Employees may choose to report to a person of the employee's same gender. There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

An employee's employment, compensation, or work assignment shall not be adversely affected by complaining or providing information about harassment. Retaliation against employees for bringing bona fide complaints or providing information about harassment is prohibited (see Board policy 2.260).

Discipline

A violation of this policy may result in discipline, up to and including discharge. Any person making a knowingly false accusation regarding sexual harassment will likewise be subject to disciplinary action, up to and including discharge.

The Superintendent shall use reasonable measures to inform staff members and applicants of this policy, which shall include reprinting this policy in the appropriate handbooks.



LEGAL REF.: Title VII of the Civil Rights Act, 42 U.S.C. §2000e et seq., 29 C.F.R. §1604.11.
Title IX of the Education Amendments, 20 U.S.C. §1681 et seq.; 34 C.F.R. §1604.11.
Ill. Human Rights Act, 775 ILCS 5/2-101(E), 5/2-102(D), 5/5-102, and 5/5-102.2.
56 Ill. Admin. Code Parts 2500, 2510, 5210, and 5220.
Burlington Industries v. Ellerth, 118 S.Ct. 2257 (1998).
Faragher v. City of Boca Raton, 118 S.Ct. 2275 (1998).
Franklin V. Gwinnett Co. Public Schools, 112 S.Ct. 1028 (1992).
Harris v. Forklift Systems, 114 S.Ct. 367 (1993).
Jackson v. Birmingham Board of Education, 125 S.Ct. 1497 (2005).
Meritor Savings Bank v. Vinson, 106 S.Ct. 2399 (1986).
Oncale v. Sundown Offshore Services, 118 S.Ct. 998 (1998).
Porter v. Erte Foods International, Inc., 576 F.3d 629 (7th Cir. 2009).
Sangamon County Sheriff's Dept. v. Ill. Human Rights Com'n, 908 N.E.2d 39 (Ill., 2009).

CROSS REF.: 2.260, 5.10, 7.20
ADMIN. PROC.: 5.20-AP1

Adopted: October 6, 1997
Reviewed: October 2011
Amended: December 14, 2011

Access to Electronic Networks

Electronic networks, including the Internet, are a part of the District's instructional program and serve to promote educational excellence by facilitating resource sharing, innovation, and communication. The Superintendent shall develop an implementation plan for this policy and appoint system administrator(s).

The District is not responsible for any information that may be lost, damaged or become unavailable when using the network, or for any information that is retrieved or transmitted via the Internet. Furthermore, the District will not be responsible for any unauthorized charges or fees resulting from access to the Internet.

Curriculum

The use of District's electronic networks shall (1) be consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities and developmental levels of the student; and (2) comply with the selection criteria for instructional materials and library resource center materials.

The District's electronic network is part of the curriculum and is not a public forum for general use.

Student Acceptable Use of Electronic Networks

All use of the District's electronic networks must be: (1) in support of education and/or research, and be in furtherance of the goals stated herein, or (2) for a legitimate school business purpose. Use is a privilege, not a right. Students have no expectation of privacy in any material that is stored, transmitted, or received via the District's electronic networks or District computers. General rules for behavior and communications apply when using electronic networks. The District's *Student Acceptable Use of Electronic Networks procedure* contains the appropriate uses, ethics and protocols. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials.

Internet Safety and CIPA Compliance Statement

Each District computer with Internet access shall have a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by federal law and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices.

The Superintendent or designee shall include measures in this policy's implementation plan to address the following:

1. Limiting access by minors and students to inappropriate matter on the Internet,
2. The safety and security of minors and students when using electronic mail, chat rooms, and other forms of direct electronic communications,
3. Unauthorized access, including "hacking" and other unlawful activities by minors and students online,

4. Unauthorized disclosure, use, and dissemination of personal information regarding minors and students, and
5. Restricting minors and students' access to materials harmful to minors and students.

Student Authorization of Acceptable Use of Electronic Networks

Each student and his or her parents/guardians must sign the receipt and acknowledgement of the student handbook for elementary school or the *Student Authorization of Acceptable Use of Electronic Networks* form for secondary school, before being granted access to District electronic networks.

The failure of any student to follow the terms defined by the *Acceptable Use of Electronic Networks* section of the student handbook or this policy, will result in the loss of privileges, disciplinary action in accordance with the student handbook, and/or appropriate legal action. Students may be disciplined for off-campus conduct, including on-line "speech", if the conduct materially disrupts the school environment or can be reasonably expected to do so.

LEGAL REF.: No Child Left Behind Act, 20 U.S.C. §6777.
Children's Internet Protection Act, 47 U.S.C. §254(h) and (i).
Enhances Education Through Technology, 20 U.S.C. §6751 et seq.
720 ILCS 135/0.01.

CROSS REF.: 5.100, 5.170, 6.40, 6.210, 6.230, 6.260, 7.130, 7.190, 7.310

ADMIN.PROC.: 6.235-AP1, 6.235-E1, 6.235-E2, 6.235-E3, 6.235-E4

Adopted: May 28, 1997
Reviewed: April 2010
Amended: May 26, 2010

McLean County Unit District No. 5

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am working and/or
(Name)

Volunteering for McLean County Unit District No. 5 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, The Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, The Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature

Date

McLean County Unit District No. 5



1809 W. Hovey Avenue
Normal, IL 61761

REQUIRED TUBERCULOSIS TEST

(To be filed with District Office at the beginning of student teaching.)

Name of Student Teacher _____
Address _____
Social Security Number _____

PHYSICIAN'S CERTIFICATE

I hereby certify that the above named student teacher has completed a TB test and is free from communicable disease.

Date of TB Test _____
Test Results _____
Signature of Physican _____

McLean County Unit District No. 5

Student Teacher Paperwork Explanation Sheet

The following is the student teacher packet for McLean County Unit District No. 5. We have included the forms that a new student teacher must complete; the completed forms should be kept in the student teacher's file. The items included are listed below.

_____ **Student Teacher Information Form**

This has been developed as a quick reference for the district to reach the student teacher in case of an emergency.

_____ **District Student Teacher Application**

This is an application form to be completed, which provides the preliminary information needed to consider your interest in student teaching. Please complete this application form in its entirety and return to the district.

_____ **Drug Testing Policy (5.50) & Acknowledgement Form**

All student teachers must read and understand the district's drug and alcohol abuse policy and sign this form allowing the district to perform a drug test. No student teacher with positive drug test results will be placed in the district.

_____ **Disclosure and Authorization Form**

All student teachers of the district must successfully complete a criminal background check prior to being employed. The Disclosure and Authorization Form must be filled out by all new student teachers of the district.

_____ **Bushue Background Screening Form (2 copies)**

Provide this completed for to Mclean Co. Unit 5 and Bushue at time of fingerprints.

_____ **Workplace Harassment and Misconduct Prohibited (5.20)**

_____ **Access to Electronic Networks (6.235)**

_____ **Acknowledgement of Mandated Reporter Status**

The Illinois Abused and Neglected Child Reporting Act requires any student teacher of a school to read and understand this act for reporting of child abuse to the proper authority.

_____ **Tuberculosis Testing**

All student teachers of the district must provide evidence of freedom from communicable disease, including tuberculosis (105ILCS 5/10-21.9).
