

# Application and Application Process Information



*Please attach a copy of your DARS report showing evidence of passing Praxis I, along with evidence of being accepted to BCPI*

*All Applications need to be returned to Vonnie Huffman in the Elementary, Early and Special Education Office, UH 218*

*Spring Applications must be received by September 1<sup>st</sup>  
Fall Applications must be received by February 1<sup>st</sup>*



**TOTAL Professional Semester  
Elementary, Early, & Special Education Department**

**Intern Name:** \_\_\_\_\_ **991** \_\_\_\_\_

**Major/Minors:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Campus Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **GPA** \_\_\_\_\_

**Campus Email Address:** \_\_\_\_\_

**Which semester are you applying? (circle one)**    **FALL**    **SPRING**    **YEAR** \_\_\_\_\_

**Three grade levels that interest you:** \_\_\_\_\_

**Are you a student athlete?** \_\_\_\_\_ **What sport?** \_\_\_\_\_

**To be completed by EESE Department**

**Host School:** \_\_\_\_\_ **School Corporation** \_\_\_\_\_

**Host Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**1. List your grade level experiences and schools where you have worked with children.**

**2. What strengths do you bring to the TOTAL professional semester?**

**3. List the courses you need to complete prior to graduation (excluding the Student Teaching Semester)**

**STATEMENT OF COMMITMENT**

<b>PLEASE RESPOND TO EACH STATEMENT OF COMMITMENT</b>	<b>YES</b>	<b>NO</b>
If selected, I understand that I will be required to participate as a teacher by attending all school in-service and professional development activities on days I am scheduled to be at my host school.		
I understand that I am responsible for completing all required coursework in addition to participating in the field placement.		
I agree to maintain professional dress at all times. (Professional dress is defined as modest and no jeans. I understand I will be asked to go home and change if my dress is not professional or modest.)		
I agree to meet teacher requirements for arriving and leaving the host school on my assigned days.		
I understand that lesson plans will be turned in to my host teacher by Friday before the week lessons are being taught and should be available to any EESE faculty who observe in my classroom.		
I agree to abide by the professional dispositions as described in the EESE "Becoming a Complete Professional" dispositions document.		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application is not complete until the department has received 2 reference forms.** One must be from EESE faculty. One may be from a professor outside the EESE Department. Please list the names and department of your two references

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**REFERENCE FORM**

**Name of Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please rank the intern applicant on the following traits, characteristics, or criteria:**

	Low		Middle		High
Work Ethic	1	2	3	4	5
Trustworthiness	1	2	3	4	5
Sense of Responsibility	1	2	3	4	5
Cooperation (Works well with others)	1	2	3	4	5
Ability to Write (Uses correct punctuation)	1	2	3	4	5
Oral Communication (Uses correct grammar)	1	2	3	4	5
Punctuality	1	2	3	4	5
Personable/Friendly	1	2	3	4	5
Creative	1	2	3	4	5
Flexibility	1	2	3	4	5

Please comment on the strengths of the intern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on any areas of concern: \_\_\_\_\_

\_\_\_\_\_

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

ISU Department \_\_\_\_\_ Campus Phone \_\_\_\_\_ Date \_\_\_\_\_

**Referencing Professor:** Please return this form directly to Yvonne Huffman, Bayh College of Education, Room 218, Terre Haute, IN 4709.

**REFERENCE FORM**

**Name of Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please rank the intern applicant on the following traits, characteristics, or criteria:**

	Low		Middle		High
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Creative	1	2	3	4	5
Flexibility	1	2	3	4	5

Please comment on the strengths of the intern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on any areas of concern: \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
ISU \_\_\_\_\_ Campus \_\_\_\_\_  
Department \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Referencing Professor:** Please return this form directly to Yvonne Huffman, Bayh College of Education, Room 218, Terre Haute, IN 47809.