

**MUST BE RETURNED BY SEPTEMBER 1<sup>ST</sup> 2009 FOR SPRING 2010**  
**MUST BE RETURNED BY FEBRUARY 1<sup>ST</sup> 2010 FOR FALL 2010**  
Please return to the Elementary, Early and Special Education Office

**APPLICATION FOR ADMISSION**  
**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:** \_\_\_\_\_

**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. Why are you interested in participating in the TOTAL Professional Semester Pilot? What strengths would you bring to it?**

**3. List the courses that are needed 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 inservice 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.

**TOTAL Professional Semester Pilot  
Elementary, Early, & Special Education Department  
Indiana State University  
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** \_\_\_\_\_

**TOTAL Professional Semester Pilot  
Elementary, Early, & Special Education Department  
Indiana State University  
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Creative	1	2	3	4	5
Flexibility	1	2	3	4	5

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

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

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