

TEXAS A&M INTERNATIONAL UNIVERSITY

A Member of The Texas A&M University System

College of Education

COLLEGE OF EDUCATION FIELD PLACEMENT APPLICATION- BLOCK III (Clinical Teaching)

SEMESTER APPLYING FOR: _____

Name:		_ Student ID #:	
Address:			
Address:(Street No. / P.O. Box)	(City)	(State)	(Zip Code)
Contact Phone Number:			
(Home)	(Work)	(Ce	ell Phone #)
TAMIU Email Address:	Major:	Area of Certific	cation:
	AREA OF SPECIALIZAT	ION:	
Degree:(BA/BS) Major:	Area of Co	ertification:	
Block IA School:	Grade Level/Subje	ect:	
Block IB School:			
Block IAB School:			
Block II School:	Grade Level/Sub	ject:	
1. Will you be taking a class(es) during Clinical Tea If the answer is yes, please list those course(s) which you p	lan to take along with Stude	ent Teaching:	
*** KEEP IN MIND THAT ANY CLASS (ES) TAK THE DIRECTOR OF FIELD AND CLINICAL		ISHIP NEED TO BE APP	ROVED BY
THE DIRECTOR OF FIELD AND CLINICAL		ent nurnoses)	
	or Public School Placem	cit purposes)	
Provide the following information: (To be used for Do you currently have a family member working in a		ent purposes)	
	school district?	• • •	
Provide the following information: (To be used for Do you currently have a family member working in a Yes No	school district?	· · · · · · · · · · · · · · · · · · ·	
Provide the following information: (To be used for Do you currently have a family member working in a Yes NoName of family member (s)	school district?	, ,	

*Based on the Educator Preparation Program procedures and policies, in accordance with the State Board of Educator Certification, it is necessary for individuals to have a valid Social Security number and a valid Driver's License number (or other state-issued identification card) in order to complete program requirements for field/clinical placements. Placement in the school setting is contingent upon a criminal background check.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

Agency Representative Name (Please print) Signature of Agency Representative	Empl Vol/Contractor initial Date Printed: initial Destroyed Date: initial Retain in your files			
	Empl Vol/Contractor initial Date Printed: initial			
Agency Representative Name (Please print)	Empl Vol/Contractor initial			
Agency Representative Name (Please print)				
Diana R. Martinez	Purpose of CCH:			
Agency Name (Please print)	YES NO initial			
Laredo ISD				
Date	CCH Report Printed:			
	Please: Check and Initial each Applicable Space			
Signature of Applicant or Employee				
(This copy must remain on file by your agen	cy. Required for future DPS Audits)			
	and Described for finding DDC Anality			
the fingerprinting services company.	agency fisted below, and pay a fee of \$24.75 to			
complete set of fingerprints, request a copy be sent to the				
Personal Criminal History or by calling the DPS Program	•			
Services of Texas (FAST) as instructed online at www				
In order to complete the process I must make a				
fingerprint criminal history record may be discussed with	•			
the result of the <u>name and DOB</u> search. Once this p	•			
agency may request that I have a fingerprint search perf	_			
not allowed to discuss with me <u>any</u> criminal history recor				
Name-based information is not an exact search a true identification to criminal history, therefore the organi	• • •			
411; Subchapter F.				
for this agency to access an individual's criminal history	data may be found in Texas Government Code			
Website and will be based on <u>name and DOB</u> identifiers I				
istory (CCH) check will be performed by accessing the Texas Department of Public Safety Secure				
APPLICANT or EMPLOYEE NAME (Please print)				
I,, acknown	, acknowledge that a Computerized Criminal			



Human Resources Department

1702 Houston St. Laredo, Texas 78040 (956) 273-1000, Fax (956) 273-1035

CRIMINAL HISTORY INFORMATION AUTOHRIZATION FORM

The Laredo Independent School District is required by the Texas Education Code to review the criminal history of applicants, volunteers, student teachers, and interns. The information requested is necessary to obtain the criminal history.

I authorize the Laredo Independent School District to conduct the criminal background check and to obtain any information pertaining to any criminal history record maintained by any law enforcement agency for the purpose of evaluating my application and determining my eligibility for employment, volunteering, internship, and student teaching. I agree to release the LISD of liability and indemnify the district against any liability which may result from making such requests.

Please print						
Legal name:			Date of Birth: _			
First	Middle	Last		Month Day	Year	
Address:		City:	State:	Zip Code:		
Telephone Number:						
Valid Driver's License Num	ber	State Issued:		Gender:	Male Fema	ale
(or valid state issued ID)						
suspension, or deferred adj murder, swindling, and index murder, swindling, and index guilty or nolo contendere for manslaughter, indecency we exhibited or for any felony drug? "Conviction" shall in plea of guilty, or nolo conte	er been convicted udication for a fel ecency with a miner been convicted or an offense or capith a child, injury the related to the manufacture probation of endere review each er been arrested?	or)? If yes, submit the approcharged with, been convict apital murder, attempted made a considerity or disabourfacture, delivery, or posser deferred adjudication (proch application according to the district will consider the	g moral turpitude (include priate information. ed of, received deferred urder, murder, voluntary led individual, kidnappiression of marijuana, a cobation), a finding of guil ne criteria set forth in the nature and date of the	ding, but not limited adjudication (probay manslaughter, involved and the controlled substance, tor acceptance by the district's policy.	to theft, rape, ation), pled bluntary sed or or dangerous he court of a	
Signature			Date			



Human Resources Department, 1702 Houston St., Laredo, TX 78040, (956)273-1000, humanresources@laredoisd.org

Observation/Student Teaching/Internship Request Form

If you would like to conduct your observation hours, student teaching, or internship at LISD, please complete and submit the following documents to the Human Resources Department.

- 1. Observation/Student Teaching/Internship Request Form
- 2. LISD Criminal History Record Information Form
- 3. DPS CCH Verification Form
- 4. TB Test results dated within one year of request
- 5. Pre-Employment Affidavit
- 6. Submit applicable college/university/institution/ ACP supportive documents

If request is granted, the intern will be issued an Observation/Internship Agreement, copy of LISD Standards of Conduct/ Dress Code, and a picture ID card.

First /Last Name (please print):	Address, City, State, Zip Code:		
Telephone number:	Email Address:		
Driver's License /ID#:	Date of Birth:		
Name of University/ACP /Other Program	1		
Please indicate the purpose of the request - Observation/ Student Teaching/ Internship	Number of hours	Schedule of days	
Semester/year	Location Requested (Campus	:/Dept.)	
Program Supervisor's Name and Telephone			
Applicant's Signature and Date			
HR Office use only: Approved Not approved Comments:	Initial & Date:		

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and **conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- o I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- o I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be <u>true</u>. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

.....

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

Name (First, Middle, Last)	Date of Birth
Address (Street, City, State, Zip Code)	County



Approved by the Texas Commissioner of Education, October 2017.

^{*}This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,, acknowledge.	, acknowledge that a Computerized Criminal				
APPLICANT or EMPLOYEE NAME (Please print)					
History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure					
Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority					
for this agency to access an individual's criminal history data may be found in Texas Government Code					
411; Subchapter F.					
Name-based information is not an exact search	and only fingerprint record searches represent				
true identification to criminal history, therefore the organization conducting the criminal history check is					
not allowed to discuss with me any criminal history reco	rd information obtained using this method. The				
agency may request that I have a fingerprint search per	formed to clear any misidentification based on				
the result of the <u>name and DOB</u> search. Once this	process is completed the information on my				
fingerprint criminal history record may be discussed with	me.				
In order to complete the process I must make a	in appointment with the Fingerprint Applicant				
Services of Texas (FAST) as instructed online at www	w.txdps.state.tx.us /Crime Records/Review of				
Personal Criminal History or by calling the DPS Progra	m Vendor at 1-888-467-2080, submit a full and				
complete set of fingerprints, request a copy be sent to the	agency listed below, and pay a fee of \$24.95 to				
the fingerprinting services company.					
(This copy must remain on file by your ager	cy. Required for future DPS Audits)				
Signature of Applicant or Employee	Please:				
	Check and Initial each Applicable Space				
Date	CCH Report Printed:				
United Independent School District	YESNO initial				
Agency Name (Please print)					
	Purpose of CCH:				
Agency Representative Name (Please print)	EmplVol/Contractor initial				
G: CA D	Date Printed: initial				
Signature of Agency Representative	Destroyed Date: initial				
Data	Retain in your files				
Date					

Rev. 09/2013



UNITED INDEPENDENT SCHOOL DISTRICT

Human Resources Department

201 Lindenwood Dr., Laredo, Texas 78045 (956) 473-6273; (956) 473-6303 Fax

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR STUDENT TEACHERS AND VOLUNTEERS

The United Independent School District is required by the Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers and volunteers. The information requested below is necessary to obtain criminal history.

I authorize the United Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for

volunteering.

In order to obtain a criminal check you must be 18 years or older PERSONAL INFORMATION

Legal Name:	First Name	Middle	Last		Date of Birth:/ Month/Day/Year	
Address:		Cit	ry:	State:	Zip Code:	
Sex:	Sex: Driver's License Number/State Issued: Male/Female					
-	Moral turpitude is an act of baseness, vileness or depravity in the private or social duties outside the accepted standards of decency and that shocks the conscience of an ordinary person, including, but not limited to theft, murder, rape, swindling and indecency with a minor.					
Yes	No Have you ever been arres *An arrest is not an autor and the relationship betw If yes, please attach a sta	matic bar to volunteeri veen the offense and th	ne volunteer position		nature and date of the offense, ou are applying.	
Yes	Yes No Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? If yes, please attach a statement of the nature of the offense.					
Yes	nolo contendere for an o involuntary manslaughte deadly weapon was used marijuana, a controlled s	ffense or capital murde r, indecency with a chil or exhibited or for any ubstance, or dangerou a finding of guilt or acc	er, attempted murder d, injury to a child or r felony related to the s drug? "Conviction" ceptance by the court	r, murder, vo elderly or de manufactu shall includ t of a plea o	lisabled individual, kidnapping, ure, delivery or possession of e probation or deferred f guilty, or nolo contendere review	
Volunteer/Student Teacher Signature: Date: Parent's Signature: Date: (Required if intern is under 18 yrs. of age or a current U.I.S.D. student)						

Sec. 22.0835. Access to Criminal History Records of Student Teachers and Volunteers by Local and Regional Education Authorities.

(a) A School district, open-enrollment charter school, or shared services arrangement shall obtain from the department and may obtain from any other law enforcement or criminal justice agency or a private entity that is a consumer reporting agency governed by the Fair Credit Reporting Act (15 U.S.C. Section 1681 et seq.), all criminal history record information that relates to: (1) a person participating in an internship consisting of student teaching to receive a teaching certificate; or (2) a volunteer or person who has indicated, in writing, an intention to serve as a volunteer with the district, school, or shared services arrangement. (c) A person to whom Subsection (a) or (b) applies must provide to the school district, open-enrollment charter school, private school, regional education service center, or shared services arrangement a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.



UNITED INDEPENDENT SCHOOL DISTRICT

Observation Screening Requirements

The United Independent School District welcomes partnerships with local and nearby institutes of higher learning. In order to provide the safest environment for the Districts' students and staff, any student intern requesting an opportunity to conduct classroom observations as part of a coursework requirement will need to meet the screening requirements listed below:

Category A

Education interns who are enrolled in Block I, II or III at Texas A&M International University

- Provide evidence of current enrollment at TAMIU (N/A if Observation Request is submitted by College of Education)
- Submit Criminal History Waiver and meet the conditions of a criminal background check
- Present a Tuberculosis clearance card (TB test must be administered within 120 days of request)

Category B

Alternative Certification Program (ACP) Candidates

- Provide evidence of current acceptance to an ACP program
- Submit Criminal History Waiver and meet the conditions of a criminal background check
- Present a Tuberculosis clearance card (TB test must be administered within 120 days of request)

Category C

Student interns who are required to conduct classroom observations as part of their University or College coursework

- Provide evidence of <u>current</u> enrollment at a College or University (Ex: Copy of school ID)
- Provide evidence from College or University Professor noting requirement/permission to conduct observation hours in a classroom setting (must be signed and on official letterhead)
- · Submit Criminal History Waiver and meet the conditions of a criminal background check
- Present a Tuberculosis clearance card (TB test must be administered within 120 days of request)

The release of a clearance form is in no way an offer of employment. Moreover, while the District may allow you to observe in the classroom, the District does not herby admit that you are entitled or qualified for an employment position. Interns are required to abide by the District's Standards of Dress as outlined by Policy DH (Local.)

Date of Request:	Category (circle one): A	А В С	
Name:			-
Home Phone:	Mobile Phone:	Email:	
Are you a current or former em	ployee of UISD:		
Number of Observation Hours	Requested:		
Current Student Name of College / Univ	versity:school ID)		
Alternative Certification Candid Name of ACP program (Attach copy of Program	1:		

Please allow 7 working days for observation requests to be processed.