



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: \_\_\_\_\_
(Street No. / P.O. Box) (City) (State) (Zip Code)

Contact Phone Number: \_\_\_\_\_
(Home) (Work) (Cell Phone #)

TAMIU Email Address: \_\_\_\_\_ Major: \_\_\_\_\_ Area of Certification: \_\_\_\_\_

AREA OF SPECIALIZATION:

Degree: \_\_\_\_\_ (BA/BS) Major: \_\_\_\_\_ Area of Certification: \_\_\_\_\_
Block IA School: \_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_
Block IB School: \_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_
Block IAB School: \_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_
Block II School: \_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_

1. Will you be taking a class(es) during Clinical Teaching? \_\_\_\_\_
If the answer is yes, please list those course(s) which you plan to take along with Student Teaching:

\*\*\* \_\_\_\_\_

\*\*\* KEEP IN MIND THAT ANY CLASS (ES) TAKEN WITH THE INTERNSHIP NEED TO BE APPROVED BY THE DIRECTOR OF FIELD AND CLINICAL EXPERIENCES.

Provide the following information: (To be used for Public School Placement purposes)

Do you currently have a family member working in a school district?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of family member (s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Campus where they work \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you currently hold FULL TIME employment as a TEACHER ASSISTANT or PARAPROFESSIONAL in a school district?
If YES, Name of Employing School District & Campus: \_\_\_\_\_ Position Held: \_\_\_\_\_

\*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)

I, \_\_\_\_\_, 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 name and DOB 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 record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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 an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program 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 agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Laredo ISD

\_\_\_\_\_  
Agency Name (Please print)

Diana R. Martinez

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



**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.

<i>Please print</i>			
Legal name: _____	Date of Birth: _____ / _____ / _____		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i> <i>Day</i> <i>Year</i>
Address: _____ City: _____ State: _____ Zip Code: _____			
Telephone Number: _____			
Valid Driver's License Number _____		State Issued: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
( or valid state issued ID)			

**Please answer the following questions:**

**Yes**  **No 1.** Have you ever been convicted of, plead guilty or no contest to (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, submit the appropriate information.

**Yes**  **No 2.** Have you ever been convicted charged with, been convicted of, received deferred adjudication (probation), pled guilty or nolo contendere for an offense or capital murder, attempted murder, murder, voluntary manslaughter, involuntary manslaughter, indecency with a child, injury to a child or elderly or disabled individual, kidnapping, deadly weapon used or exhibited or for any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance, or dangerous drug? "Conviction" shall include probation or deferred adjudication (probation), a finding of guilt or acceptance by the court of a plea of guilty, or nolo contendere review each application according to the criteria set forth in the district's policy.

**Yes**  **No 3.** Have you ever been arrested? The district will consider the nature and date of the offense.

I affirm to the best of my knowledge that all the information I have provided is accurate, true, and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

<b>HR Office use only:</b> <b>Approved</b> ___ <b>Not approved</b> ___ <b>Initial &amp; Date:</b> _____ <b>Comments:</b> _____
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## Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (*nolo contendere*), 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:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- 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 **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

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### 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.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
County

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
County Date Month Year

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(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this pre-employment affidavit.\**

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

Approved by the Texas Commissioner of Education, October 2017.

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**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

United Independent School District  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	









# UNITED INDEPENDENT SCHOOL DISTRICT

## Observation Screening Requirements

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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 current 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 hereby 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.)*

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Date of Request: \_\_\_\_\_ Category (circle one): A   B   C

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a current or former employee of UISD: \_\_\_\_\_

Number of Observation Hours Requested: \_\_\_\_\_

#### Current Student

Name of College / University: \_\_\_\_\_  
(Attach copy of current school ID)

#### Alternative Certification Candidate

Name of ACP program: \_\_\_\_\_  
(Attach copy of Program Acceptance Letter)

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