

RECOMMENDATION FOR STUDENT TEACHING --- **UNDERGRADUATE**

In _____ Semester/Year

(Deadlines to reviewers **October 1** for Spring Semester student teaching, **April 1** for Fall Semester)

Name:		Student CWID#:	
Major:		Undergraduate:	
		Level (Select One)	<input type="checkbox"/> Degree & Cert. <input type="checkbox"/> Post Baccelerate
Address While Student Teaching (street, city, state, zip)		Home/Cell Phone: (area code and number)	
Cal U Email Address:		Semester/Year You First Entered Cal U:	
High School You Graduated From:		School District You Graduated From:	
Do you have relatives teaching/working in any PA school districts?		If so, which?	

Instructions – Gather the necessary documents listed below. Enter the appropriate information where required on this form, print, and take to your advisor for review, initials, and signature. **Be sure copies of all necessary documents are attached in the order listed below. Provide CastleBranch Summary Sheet of the clearances Below. Do not submit copies of actual clearances**

Requirement for Approval:		Student Initials	Reviewer Initials
1. Overall Cal U GPA: Overall Cal U GPA of at least 3.00 OR a 2.80 if you score in the appropriate range of the PDE issued GPA Qualifying Praxis Score Matrix. <i>(Attach current transcript)</i>	Current GPA:		
2. C or better grade in all required courses taken as indicated on your advisement sheet.			
3. All courses required to graduate completed: Attach advisor-signed copy of updated advisement sheet from department.			
4. Act 24 – PDE Arrest or Conviction Form:	Issue Date:		
5. Act 34 – Criminal History Report:	Issue Date:		
6. Act 114 – FBI Criminal Background Check:	Issue Date:		
7. Act 151 – Child Abuse History Report:	Issue Date:		
8. Mandatory Reporter Training:	Issue Date:		
9. TB Test: Attach copy of test results, current throughout student teaching semester. Test is valid for 1 year.	Issue Date:		
10. Personal Data Form: Attach 1 copy – (Typed)			
11. \$1 Million Liability Insurance: Provide evidence of a current liability insurance policy with \$1 million in coverage. Coverage is valid for 1 year. www.psea.org			
12. Praxis II/PECT Exams: List test(s) below and attach copy of ALL score reports.	Score	Pass/Fail	Score Date
	GPA Matrix?		
Test Name:			
Test Name:			
Test Name:			
Test Name:			
Test Name:			
13. Passed Portfolio Review: See your department for details and submit via LiveText.			

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I understand that the requirements listed on the previous page **must be satisfied at the time of submission** before department recommendation can be given for student teaching and that if my overall GPA drops below 3.00 or the required GPA on the PDE Certification Score Matrix, or I do not obtain a "C" or better in major courses, I will be ineligible to student teach in the intended semester.

Student Signature

Date

Courses Currently Taking:

Courses Needed:

DO NOT WRITE BELOW THIS LINE

APPROVALS:

Advisor/Reviewer Signature

Date

Recommend Not Recommended

Recommended With Conditions

Department Chair/Graduate Coordinator

Date

Recommend Not Recommended

Recommended With Conditions

Dean-COEHS

Date

Approved Not Approved

Approved With Conditions

Comments:

Passed _____ using PDE GPA Scoring Matrix.

Clearance Issues:

Other Issues: