



Application for Deaf Ed. Student Teaching
at an "assigned" Out-of-State School for the Deaf

Semester _____ Year _____

PART I

Name: _____
Last First MI

KSU ID#: _____ Date of Birth: _____

Local Address: _____
Street City State Zip Phone: _____

Permanent Address: _____
Street City State Zip Phone: _____

KSU E-mail Address: _____

PART II

SCPI Taken and Passage Date: _____

Student Teaching Grade Level(s) Preferences:
___ Primary (K-3) ___ Middle Grades (4-8) ___ Secondary (9 -12)

16 Week Placement - Beginning/Ending Dates: _____

Are there any special accommodations of which we should be aware prior to pursuing an out-of-state placement? _____ If yes, please attach a separate page with detailed information.

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For the Program Coordinator and Director of Clinical Experiences at Kent State University.

We have reviewed this student teachers qualifications and recommend him/her for student teaching at an out-of-state School for the Deaf.

Signature, Director of Clinical Experiences

Date

Signature, Program Coordinator

Date

PART III

Statement of Responsibility and Approval

I understand that I will assume all of the expenses, except those specifically identified as the responsibility of Kent State University, that occur during my participation in this out-of-state placement.

The university will not be held responsible for any medical bills during my placement. I agree to assume all such costs.

Furthermore, I release the university from all claims of damages that may arise out of or in connection with participation in or transportation to and from this placement.

[Print] Name of Student Teacher

Signature of Student Teacher

Date

NOTE: Upon your return to Ohio, FBI clearance and BCII background checks will be required with your application for Ohio licensure packet (even if you are an Ohio resident).

PART IV

Parent/Guardian

NOTE: If the student is identified as a “dependent” under any insurance provider for the parent/guardian, then the parent/guardian signatures are required. If the ‘student’ is fully independent and legally emancipated; providing their own insurance and covering their own liabilities, the student may sign on the appropriate line below.

I, the undersigned parent/guardian of _____ do acknowledge having received information about this out-of-state placement and do consent to his/her participation in the program. It is understood that all expenses related to this placement are the responsibility of my son/daughter.

The university will not be held responsible for any medical bills during the period of student teaching out-of-state. The undersigned agrees to assume all such costs.

Furthermore, I release the university from all claims of damages that may arise out of or in connection with participation in or transportation to and from this out-of-state placement.

[Print] Name of Parent or Guardian

Signature of Parent or Guardian

Date

(OR)

I, the designated Kent State Student, confirm by my signature that I am a fully independent and legally emancipated individual, and I am fully responsible for my own liabilities.

Signature of Student

Date

PRINTED Name of Student

PART V

Medical Insurance

I, (print full name) _____ verify that I have medical insurance as follows:

Name of Insurance Company or Agency

Policy Number

Signature: _____

Social Security #: _____

Date: _____

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NOTE: It is the student teachers responsibility to verify that out-of-state coverage is included in his/her medical policy. Most out-of-state medical expenses are expected to be paid for at the time of service. The student teacher will need to check with his/her insurance provider regarding how to file for reimbursement upon return to Ohio.

The student teacher will be required to complete a specific state's background check prior to leaving Ohio or upon arrival in that state. The student teacher will contact the specific school for details about the background check. Housing and transportation are the student teacher's responsibility. The student teacher should maintain a 3.0 GPA.