



VACCA OFFICE OF STUDENT SERVICES
College of Education, Health, and Human Services
Clinical Field Experiences
304 White Hall, Kent, OH 44242
Phone 330-672-2870 ~ Fax 330-672-6277

STUDENT TEACHING NOTES

This packet is designed to help you prepare materials needed by this office so we are able to arrange the most appropriate placement for your student teaching experience. It is very important that you read the materials and complete the **Student Teaching Placement Application** via the instructions on our website (www.kent.edu/ehhs/voss/forms). When your “window” for application is available, go to the ‘student portal’ <https://stuportal.ehhs.kent.edu> , and open the “Clinical Experience” link.

Information regarding field experiences and student teaching is available on our website at www.kent.edu/ehhs/voss/forms . You can also interact with our staff through e-mail at the following addresses:

- Mike Englert, Director Clinical Field Experiences & Partnerships: mengler8@kent.edu
- Sherry Cundra, Student Teaching: scundra@kent.edu
- Seairra Sanders, Field Experience: ssander1@kent.edu

ELIGIBILITY FOR STUDENT TEACHING

According to KSU policy, to be eligible to student teach, all coursework, GPA, dispositional standards, and other criteria as specified by program area and college need to be met **prior** to the first day of the student teaching semester.

Each student teacher is audited by the Vacca Office of Student Services personnel immediately prior to placement as well as at the time of your initial graduation audit. Any student teacher deemed not eligible by the Vacca Office of Student Services will have his/her placement put on hold and/or cancelled.

Student teachers should schedule an appointment with their faculty advisor and/or their academic advisor in the Vacca Office of Student Services, 304 White Hall, NOW. Be proactive. **Verify with a faculty advisor that ALL student teaching eligibility requirements have been met or can be met prior to the first day of your student teaching semester.**

STUDENT TEACHING PLACEMENT GUIDELINES

The following guidelines are presented so that you are aware of what we must consider as we work to arrange an appropriate placement for you:

1. The Ohio Department of Education (ODE), the Ohio Department for Higher Ed (ODHE), and the Council for Accreditation of Educator Preparation (CAEP) have guidelines to which we must adhere. Specifically, we must assure that Kent State student teachers have a variety of diverse experiences throughout their teacher education programs, and that our students meet all requirements for licensure.
2. The college has contracts and established protocols with specific school districts. Private or parochial school placements are generally not possible. All arrangements for student teaching must be made by the Vacca Office of Student Services. You will have the opportunity to indicate your “preferred school districts” by indicating on your application which ‘geographic areas’ you would like us to consider. We will seek contact with school districts in the three geographic regions you choose, but that does not guarantee you’ll be placed in your top 3 choices. **All confirmed placements are final.**
3. Placements will be sought in the ‘geographic regions’ you requested, and in your licensure area. If these districts are not able to accommodate all of our requests; placements will be requested in surrounding districts (**within a 50 mile radius** from Kent Campus). **Under no circumstances will a prospective student teacher contact any school district personnel with the intention of securing his/her own placement.** Our office will contact you if necessary.
4. You cannot request to do student teaching at the same educational site where you may be employed during regular school hours, where you have relatives employed or attending, or in the same school district from which you graduated. NOTE: The placement office reserves the right to change a student’s placement if it is deemed to be inappropriate, insufficient, or contrary to program goals and expectations.
5. When your placement is confirmed, you will be notified by e-mail. Please be patient; the process takes considerable time. It is a professional courtesy and expectation that you will contact the school within 5 working days of receiving your confirmation. You may be asked to visit the site and meet your cooperating teacher prior to the semester beginning. You also may be called to interview before a school decides to accept you. Some districts may also require Praxis II or other surveys and assessments to be completed.
6. We rely on our contracts with 200+ schools and school districts. All faculty, administrative, and classified staff work diligently to build and maintain these relationships. As a student teacher, you become an ambassador for Kent State. It is a professional courtesy and expectation that you will represent yourself and us in this manner at all times. It is your work ethic, positive attitude, and constant professionalism that will pave the way for future student teachers from Kent State University.

BACKGROUND CHECKS

Students are required to complete Bureau of Criminal Investigation and Identification (BCII) and Federal Bureau of Investigation (FBI) background checks and submit the results to authorized personnel at their assigned “school/agency” on or before the first day of the semester in which student teaching/internship will take place (see attached flyer for details). If something other than routine traffic offenses appears on your background check, please call our office immediately. Students are asked to have the background check results mailed to them personally. Students are then asked to keep the original, and provide copies of the results to their placement site. Kent State University does not keep copies of background checks in student files. Background checks are good for ONE YEAR from the date they are issued. Students may be expected to submit to more than one background check, depending on their program.

REGISTRATION FOR STUDENT TEACHING

You must follow the same procedure for registering and paying tuition for student teaching that you have done for other courses. **Applying** for student teaching in the 'student portal' using the Clinical Experience link does not constitute **registration**. Make sure you are registered for the correct number of hours. Student teaching is a variable hour course in the scheduler. Check your requirement sheet or with your advisor.

STUDENT TEACHING SEMINAR

Any questions regarding the student teaching seminar (Inquiry into Professional Practice) should be directed to your specific program area department.

SUPERVISION AND ASSESSMENT DURING STUDENT TEACHING

A supervisor from the University will be assigned to you for the student teaching semester. The supervisor will call you within the first two weeks and initiate the student teaching experience with an orientation meeting. It is a professional courtesy and expectation that you will return this call or e-mail within 24 hours. During this meeting, the supervisor will discuss mutual expectations, share guidelines and suggestions, and provide an opportunity for you to ask questions. Your supervisor will review all the assessments to be used during student teaching.

TRANSPORTATION

Our primary responsibility is to arrange an appropriate student teaching placement in your licensure area. With the exception of the schools on the KSU bus route, all other schools will require that you have transportation. Car pools can be arranged with other candidates assigned to the same school. You, as the student teacher, are responsible for making all transportation arrangements to your site; plan ahead!

CHANGE OF PLANS

****If, for some reason, you find it necessary to cancel student teaching, you must notify this office so that the school and teacher(s) can be informed in a timely manner.**

****Student teachers must notify the Vacca Office of Student Services, Clinical Field Experiences Staff, of any change of name, address, e-mail address or phone number.** Schools and supervisors rely on the Student teacher Placement Form to contact you. If your information is not accurate, your student teaching placement request may be delayed or cancelled.

****Student teaching applications are submitted for a particular semester and are not renewed automatically if your plans change.** If you must delay your student teaching one semester, the office will forward your application to the next semester. If you must delay student teaching for more than one semester, you must reapply and resubmit forms/card.

Pre-requisite Training ALL students must complete A.L.I.C.E., CPR/AED and Child Safety training "prior to" participating in student teaching. Registration for trainings are listed on our website.

NOTE: Student teaching is a full-time professional commitment. Other commitments and obligations should be reduced to a minimum during student teaching. All student teachers are required to follow the schedule of the cooperating teachers in the assigned schools per policy stated in the "General Information" section of Collaboration in Teacher Education. (www.kent.edu/ehhs/voss/forms)

KENT STATE UNIVERSITY

BACKGROUND CHECKS FOR STUDENT TEACHING AND FIELD EXPERIENCE

All students enrolled in student teaching or a field experience course are required to have current fingerprint background checks, (BCII) Bureau of Criminal Investigation and Identification and (FBI) Federal Bureau of Investigation, and submit the results to authorized personnel at their assigned "school or agency" on or before the first day of the semester in which your student teaching or field observation will take place. Both background checks expire after one year. (Valid 12 months/365 days from the date of issue).

Note: A current background check will need to be sent to the Ohio Department of Education (ODE) when you apply for initial licensure.

You can have these background checks completed by filling out the IR7 *Fingerprinting Form* in person, at the Instructional Resource Center (IRC) in Room 221 White Hall, during operating hours. Contact the IRC to verify dates and hours of operation at 330-672-2353. Students are responsible for payment of these fees at time of service. You must bring a current state issued identification card (driver's license or ID card) and your payment.

State of Ohio Fingerprinting

BCII: The cost is \$27.00 *and* can be paid with cash, or check made payable to: IRC@KSU. The BCII will usually complete an Ohio Criminal Background Check within 48 hours. The results will be mailed to you in approximately 2-4 weeks.

FBI Fingerprinting

FBI: The cost is \$33.00 and can be paid with cash, or check made payable to: IRC@KSU. The BCII will usually complete a Federal Criminal Background Check within 48 hours. The results will be mailed to you in approximately 4-6 weeks.

***BOTH OF THESE BACKGROUND CHECKS MUST BE MAILED TO YOU.** DO NOT send the results of your background checks to Kent State University or your student teaching or field observation site. This is your only official copy of your results. The IRC does not have access to your results. If you have any questions regarding your fingerprints or if you would like to obtain additional official copies for a fee from BCII call 877-224-0043 OR 740-845-2000.

Neither the Vacca Office of Student Services nor your faculty views these results. If you have any questions concerning the results of your background checks, please review the Standards for Licensure and Employment of Individuals with Criminal Convictions. This document can be viewed on the Ohio Department of Education website at www.ode.state.oh.us. For additional help contact the ODE Office of Professional conduct at 614-466-5638. (REV. 2/12/21)

KENT STATE UNIVERSITY
Instructional Resource Center
Ohio Bureau of Criminal Identification and Investigation
Fingerprinting Form

***IRC Disclaimer:** The Instructional Resource Center at Kent State University is not responsible for any information provided that is incorrect/inaccurate. All information regarding background checks needs to be written in its entirety on this form. Information may include, but is not limited to: the address to mail results to, federal or state background check requirements, etc. _____
(Please Initial you have read and accept the terms of this Disclaimer)

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

Have you lived in Ohio for five (5) years or more: YES NO

Type of Fingerprint/ Background Check needed (Please Initial): Ohio/BC&I FBI

Reason Codes (as provided by employer, supervisor, company, etc.):

FBI REASON CODE: public school or chartered nonpublic school employee

BCI&I REASON CODE: teachers only - 3319 3983

Do you need the results sent somewhere other than the permanent address written above: YES NO
(If yes write in lines provided below)

Do you need an electronic copy of the results sent? (Please check the box that applies)

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> OH Dept. of ED (ODE) | <input type="checkbox"/> Child Care Ctr/Type A | <input type="checkbox"/> OPOTA | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> OH Board of Nursing | <input type="checkbox"/> Construction Board | <input type="checkbox"/> OH Board of Pharmacy | <input type="checkbox"/> OH Dept. of Public Safety |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Dietetic Board | <input type="checkbox"/> OH Dept. of Liquor Control | <input type="checkbox"/> OH Dept. of Insurance |
| <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Respiratory Care Board | <input type="checkbox"/> OH Racing Commission |

National WebCheck Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (ATT526-Kent State University) permission to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

By placing my fingerprint images on the National WebCheck Scanner, I am authorizing BCI&I to release criminal history information about me to the person(s)/ agencies identified in this request for a period of one year from the date of this transaction.

I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

I Accept I Decline

Signature: _____ Date: _____

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STAFF USE ONLY

Initials: _____

Payment amount: \$ _____

Type of Payment (circle): Check # _____ Cash
IDC _____