

**COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES
VACCA OFFICE OF STUDENT SERVICES**

**STUDENT TEACHING PREREQUISITE VERIFICATION
FALL _____ SPRING _____**

- ❖ **NAME:** _____ **MAJOR:** _____
- ❖ **KSU / FLASHLINE USER NAME:** _____
- ❖ **KSU STUDENT IDENTIFICATION NUMBER:** _____
- ❖ **STUDENT TEACHING SEMESTER:** _____

DIRECTIONS: All students who will be student teaching must complete the following prerequisite trainings prior to registration for the appropriate student teaching courses. ****IF** you do not have a copy of your training certificate for one or more of the three required courses, you may use this form to provide an ‘alternative source of documentation’. Upload a separate copy for each one.

A.L.I.C.E TRAINING

If you completed you’re A.L.I.C.E. training, but do not have an official copy of your training receipt or certificate, you can use the space provided to explain when and where your training took place. Please include as much detail as possible (i.e. name of presenter/agency, date, location, semester) so it can be verified:

CHILD SAFETY

If you attended a State approved ‘Six Hour’ Child Safety training course, and you do not have a copy of the certificate of completion, use the space provided to explain in detail when and where you completed the training (include name of presenter/agency, date, location, semester) so it can be verified:

****If you do not have a ‘Child Safety Certificate’ and you took this training as part of a course (HED 4/54543 or HED 4/52575), please indicate the following:**

Course taken: _____ Semester: _____ Grade: _____

CPR/AED

This not a substitution for your actual CPR Card. If you are currently registered for an upcoming CPR training, use the space provided to explain in detail when and where you will be completing the training (include name of presenter/agency, date, location, semester) so it can be verified:

****If you have questions or concerns, you may contact our office at:**

In Person	304 White Hall, Mon. - Fri. 8:00am – 5:00pm (except university holidays)
Fax	330-672-6277 (or phone 330-672-0541)
E-Mail	mengler8@kent.edu
US Mail	Mike Englert, Dir. of Clinical Exp., 304 White Hall, PO Box 5190, Kent, OH 44242-0001