April 15, 2019

Dear Candidate:

Congratulations on having reached this point in your teacher preparation program. The Teacher Candidate Internship is the capstone experience to becoming a licensed professional teacher and we want to do everything possible to assist you in successfully meeting that goal.

To better serve you and ensure your application is processed timely by the school division for a Spring 2020 teacher candidate internship placement, please follow the guidelines below:

- **Regular Deadline for submission of the application is August 1, 2019 for all locations.**
- **Submit an application fee with your teacher candidate internship placement application.**
  
  The fee should be paid by personal check or money order (NO cash or credit cards will be accepted).
  
  Checks or money orders should be made out to “Old Dominion University.”
  
  Any returned checks will result in a financial hold placed on the student’s record. This type of hold, if not cleared, may prevent registration and delay in licensure.

- **Application fee for submission by the deadlines:**
  
  - **$25 for applications received by the Regular Deadline of August 1, 2019**
  
  Candidates submitting their application late, after the regular deadline, are **NOT** guaranteed an internship placement for the semester requested:

  - **Late application deadlines and fee rates:**
    
    - **$35 for applications received after the deadline of August 1, 2019, by September 1, 2019**
    
    - **$45 for applications received after September 1, 2019, by October 1, 2019**
    
    **Applications will not be accepted after October 1, 2019**

  - **THE APPLICATION FEE IS NON-REFUNDABLE**

- The **Advisor Approval form** attached to the application MUST be completed and signed by you and your advisor to ensure you are meeting all requirements and you will be ready to begin the internship.

- Candidates may not be placed at a school where a relative attends or works. Candidates must disclose this information on the internship application. If a candidate is found to be at a school where a relative attends or works, the candidate will be removed and will complete the internship experience the next available semester.

- Candidates may not be placed at a high school they attended or at a high school they graduated from.

- Complete and sign the Old Dominion University **Authorization for Release of Disciplinary Records** form.
Student Teacher Candidate Orientation

• Tuesday, January 7, 2020, 8:30 am – 4:30 pm; lunch will be provided for on-campus attendees
• Wednesday, January 8, 2020, from 8:30 am – 4:30 pm; lunch will be provided for on-campus attendees; and
• Thursday, January 9, 2020, 8:30 am – 1:00 pm (no lunch provided)

Attendance is mandatory.
You will be withdrawn from your internship if you do not attend the Orientation.

➤ For all candidates who are in the Hampton Roads area, the Orientation will take place on campus, locations TBD.
➤ For all Distance Learning candidates who are outside the Hampton Roads area (beyond Isle of Wight and Williamsburg), the Orientation will be provided live (real time) via WebEx. An e-mail with the WebEx information will be sent out to distance learning candidates the week prior to orientation.
➤ Visits with clinical faculty will occur in January. Candidates should be available to attend.

➤ The following requirements must be on file with the Office of Clinical Experiences, Education Building, Room 2345, by January 2, 2020:
  • Acceptance into a teacher education program;
  • Passing scores on Praxis Subject Assessment (formerly Praxis II), including individual sub-test scores on the back page;
  • Passing scores on the Virginia Communication and Literacy Assessment;
  • Passing score on the required reading assessment (RVE for Pk-3, Pk-6 and special education programs);
  • First Aid/CPR/AED hands on training;
  • Dyslexia Awareness Training;
  • Child Abuse and Neglect Recognition and Intervention Training;
  • Successful completion of the Clearance Process;
    o If you need to be re-activated/re-admitted to the University after being absent from ODU, you are required to complete the ODU Field Experience Clearance Procedures, prior to Orientation
  • ALL course work, content and professional education courses as listed in your curriculum, must be completed with the required grades;
  • ALL GPA and grade requirements must be met as listed in your curriculum;
  • Transcripts from external institutions documenting completion of required courses; and
  • A copy of a negative TB test or screening results, completed within one year of the beginning of your Teacher Candidate Internship experience is required by all school districts. DO NOT submit the test results to the Office of Clinical Experiences. You may be asked to submit a copy of your test results to the administrator of your assigned school.

➤ Review Teacher Candidate Internship Handbook.
  • Students may use an electronic device to access the handbook during orientation but are responsible for all materials within the handbook.
CANDIDATES ARE NOT PERMITTED to contact school division personnel regarding placement until notified by the Office of Clinical Experiences staff.

After reviewing your application and your academic record, you will receive an e-mail notification that your internship application was received. It is imperative that you continue to meet all GPA and program requirements, since your academic progress will be reviewed again at the end of the current semester.

Please contact your program advisor or distance learning site director, if you have any questions concerning this application process. You may call me at 757-683-6448 or e-mail me at jsommerf@odu.edu, if further clarification is needed.

Sincerely,

Jody Sommerfeldt

Jody Sommerfeldt, Ed.S.
Director, Office of Clinical Experiences
APPLICATION FOR TEACHER CANDIDATE INTERNSHIP

Print all information.

Last Name       First Name       Middle Initial       Area Code/ Telephone Number

Address:       Street       City       State       Zip

SSN: ________________ Date of Birth _______________ UIN: ___________________ ODU E-mail: ________________________

Teaching Endorsement Area: ___________________ Program: ____________ (Undergraduate (UG), Graduate (GR), Post-baccalaureate (PB))

Teacher candidates MAY NOT be placed in the same school where a person they are related to attends or works. List below the name of the school(s) that should not be included in your request for placement on the “Placement Information Sheet”:

Attachment:

Fill in the information below for observation and practicum completed:

Observation Semester/year: ____________ Subject/Grade Level: _____________ School: _______________________

Practicum Semester/year: _____________ Subject/Grade Level: _____________ School: ___________________________

Practicum Semester/year: ______________ Subject/Grade Level: _____________ School: _________________________

Please indicate your choice district for the teacher candidate internship placement. Please check the Office of Clinical Experiences website and fill out any additional forms required by the district that is being requested.

1) ___________________________________ ______________________   _____________
   Name of School District              City State

*Out-of-State Teacher Candidate Internship Policy Information

*Please note that while you may identify specific information, requests are not guaranteed.

Student Teaching with a School District Contract (Mentorship option): Candidates who receive an offer of employment at the time of student teaching should notify the Office of Clinical Experiences immediately

Office Use Only

Date Packet Received: ____________ Check or Money Order #: ____________________ Receipt # ____________________
This sheet provides information regarding Teacher Candidate Internship placement and endorsement grade levels for candidates in our various teacher preparation programs. Please **circle** your program, endorsement grade levels, and your placement selection. If a choice indicated by the word "or" is shown in the placement column for your program, please **circle** your choice. This is based on previous practicum settings.

<table>
<thead>
<tr>
<th>Program</th>
<th>Licensure Grade Levels</th>
<th>Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACHELOR’S DEGREE IN:</strong></td>
<td></td>
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</tr>
<tr>
<td>English, History, Biology, Chemistry, Earth Science, Physics, Mathematics, Technology Education, Marketing Education</td>
<td>6-12</td>
<td>Middle School (14 weeks) <strong>or</strong> High School (14 weeks)</td>
</tr>
<tr>
<td>Art, Dance, Foreign Languages, Theatre</td>
<td>K-12</td>
<td>Elementary (7 weeks) <strong>and</strong> Middle or High (7 weeks)</td>
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<tr>
<td>Special Education</td>
<td>Birth – Age 5 K-12</td>
<td>Select two 7-week placements: Early/Primary (7 weeks) Elementary (7 weeks) Middle (7 weeks) High School (7 weeks)</td>
</tr>
<tr>
<td><strong>MONARCH TEACH</strong></td>
<td>6-12</td>
<td>Middle School (10 weeks) <strong>or</strong> High School (10 weeks)</td>
</tr>
<tr>
<td><strong>Music:</strong></td>
<td>K-12</td>
<td>Elementary (7 weeks) <strong>and</strong> Middle or High (7 weeks)</td>
</tr>
<tr>
<td><strong>Health and Physical Education</strong></td>
<td>K-12</td>
<td>Elementary (7 weeks) <strong>and</strong> Middle or High (7 weeks)</td>
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<tr>
<td><strong>POST-BACCALAUREATE ENDORSEMENT:</strong></td>
<td>K-12, Pk-3, Pk-6, 6-8, 9-12</td>
<td>14-week placement</td>
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<tr>
<td>Foreign Language K-12</td>
<td><strong>and</strong> Middle (7 weeks) High (7 weeks)</td>
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</tr>
<tr>
<td><strong>MASTER’S DEGREE IN:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Special Education</td>
<td>K-12</td>
<td>Select two 7-week placements: Early/Primary (7 weeks) Elementary (7 weeks) Middle (7 weeks) High School (7 weeks) Early/Primary (14 weeks)</td>
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<tr>
<td><strong>Speech Language Disorders</strong></td>
<td>K-12</td>
<td>Elementary Education (14 weeks)</td>
</tr>
<tr>
<td><strong>School Counseling</strong></td>
<td>K-12</td>
<td>Elementary Education (16 weeks) Middle School (16 weeks) High School (16 weeks)</td>
</tr>
<tr>
<td><strong>Library Media</strong></td>
<td>K-12</td>
<td>Elementary (14 weeks) Secondary (14 weeks) Elementary (7 weeks) Secondary (7 weeks)</td>
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<tr>
<td><strong>Elementary Education</strong></td>
<td>Pk-6, Pk-3, 6-8</td>
<td>Primary/Elementary (14 weeks) Middle (14 weeks)</td>
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<tr>
<td><strong>TESOL</strong></td>
<td>K-12</td>
<td>Two 7-week placements</td>
</tr>
<tr>
<td><strong>Secondary Education</strong></td>
<td>6-12</td>
<td>Middle School (14 weeks) <strong>or</strong> High School (14 weeks)</td>
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</table>
| **MCTP** | 6-8, 6-12, Pk-6 | Active Duty: 6-week Other and/or Dependents: 10-week *6-12 English Endorsement, a minimum 10-week placement for ALL candidates
ADVISOR APPROVAL FOR TEACHER CANDIDATE INTERNSHIP

This form must be completed and signed in consultation with the academic program advisor/site director prior to submitting this application. Schedule an appointment with your academic program advisor/site director prior to the deadline, as indicated on the cover letter above.

Candidate’s Name: ________________________ UIN_______________
Program: Undergraduate □ Graduate □ Post-baccalaureate □

Undergraduate GPA: ________CUM_________ Major
Professional Education ___________
Graduate GPA: ___________

WRITE the scores achieved for the following assessment as prescribed by the Virginia Board of Education: Praxis I or Praxis Core or equivalent approved scores, Praxis II, RVE (if required for your program), and VCLA. If an assessment has not been completed, WRITE the specific date you plan to take it.

Test Registration Centers and Dates Virginia Test Requirements
VCLA __________ Date you plan to take it __________
RVE __________ Date you plan to take it __________
Praxis Subject Assessment (formerly Praxis II) __________ Date you plan to take it __________

Elementary Education Multiple Subjects:
Reading & Languages __________ Date you plan to take it __________
Mathematics __________ Date you plan to take it __________
Social Studies __________ Date you plan to take it __________
Science __________ Date you plan to take it __________
Praxis Core/Praxis I/Equivalent: Reading __________ Writing __________
Mathematics __________ Composite __________

ALL passing scores and completion of First Aid/CPR/AED and the Clearance Process must be on file prior to the Orientation Meeting date as noted on the cover letter above.

List ALL courses remaining/in progress to complete the degree/licensure requirements, and identify the semester of enrollment. These courses must be successfully completed prior to the Orientation Meeting for the teacher candidate internship. Please contact the TES office if you plan to withdraw at any time, (757) 683-3348.

<table>
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<tr>
<th>COURSE</th>
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</table>

Master’s Degree Students COMPREHENSIVE EXAM:
Register 30 days in advance, not later than:
Date of Comprehensive Exam: FALL __________ SPING __________ SUMMER __________

Students not enrolled the semester in which the Comprehensive Exam is taken, then, they must register for 999, 1cr, assigned by your academic department. For more information regarding the comprehensive exam, visit your academic department's website. For Pk-3, Pk-6, 6-8, and 6-12 the registration is TLED 999, 1 credit.

Are there any major content or professional education courses with a grade below C- or C or C+ or B- or B, depending on your program? If so, what is the course and what is the plan for retaking the course before the Teacher Candidate Internship?

The Professional Portfolio must be completed and submitted during the teacher candidate internship semester. This requirement must be completed in order to receive a Passing grade for the internship. FMI on the electronic portfolio, go to: http://c1.livetext.com as prescribed by your program.

I, ________________________ (print your name) have read the cover letter and understand that I must attend the two and a half-day Orientation, in order to be approved for student teaching.

Signature of Teacher Candidate ________________ Date ________________

Anticipating the successful completion of the current semester and the above plan, I recommend this candidate for the Teacher Candidate Internship.

Signature, Teacher Candidate ________________ Date ________________
Signature, Academic Advisor ________________ Date ________________
AUTHORIZATION FOR RELEASE OF DISCIPLINARY RECORDS

Section I. To be completed by the Student

Name (print): _______________________________________________________________________

LAST FIRST MI

UIN: ______________________________________________________________________________

I hereby authorize the Director of Student Conduct & Academic Integrity, or designee, to release to the Director of
the Office of Clinical Experiences, or designee, any information contained in my student records (including copies
of the records themselves) which is necessary to respond to Section II below. I understand that the information
contained therein is confidential and will not be released to a third party.

Signature _____________________________________           Date ________________________

Do not write below this section.

TO: Director of Student Conduct & Academic Integrity

FROM: Director, Office of Clinical Experiences

The above named student is applying to the Darden College of Education and Professional Studies to perform
his/her student teaching requirement. If the student was ever subject to disciplinary action while enrolled as a
student, please describe briefly, attach pertinent supporting information, and return this form to the Office of
Clinical Experiences, Education Building, Suite 2345. Thank you.

Section II. To be completed by the Director of Student Conduct & Academic Integrity or designee

Summary of Disciplinary Action: ________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature ___________________________ Date __________________________

(person completing form)

Name ___________________________ Title __________________________ (print)