□ Fall 20	\square Spring	20
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Check Point 3

MAT (Masters of Art in Teaching) INTENT FOR TEACHING INTERNSHIP

Name:		ASU ID Number:			
Race: Gender: (For statistical	l purposes only)	Catalog Year:			
Permanent Address: Street or Box	City State Zip		Phone Numb	per:	
Undergraduate Degree Major:	City State Zip		Students in the Marea Subject:	MAT Program	
Middle Level Subject Area (check one)	☐ Math/Science	☐ Language	e Arts/Social Stud	dies	
Residential Address During Internship					
Street or Box		ity	State	Zip	
Phone:	E-Mail:				
High school from which you graduated:					
Passed Core Academic Skills for Educators (show *Scores for PPST Praxis I only accepted if test taken		156) Writing	(min. 162) N	Math (min. 150)	
Do you have a job? Yes or No Please circle 1 of the above If so, list school, location and grade level?					
NOTE: MAT students receiving a job for the 2014-2015 school year must complete the MAT checklist in this packet and submit all required documents needed for licensure paperwork in order to be eligible to accept a position as a teacher of record in a public school. The deadline to submit employment/position for internship is August 13, 2014.					
	Early Childhood: Content Language Arts min. 164 _ Social Science min. 149 _	Math mi	in. 165		
FOR ECH4 AND MLED ASSIGNMENTS	ONLY – Circle prefere	•			
(ECH P-4: $P - K & 1 - 2 - 3 - 4$)		(ML)	(MLED 4-8: 4-5 & 6-7-8)		
Required courses after teaching internship semester:					
List below any schools in which you have immediate family members, their grade levels, and/or positions.					
I understand that I must meet all requirements spending and the Arkansas Department of Educat assignment for teaching internship experience take recommendation and validation of my advisor and	tion Non-Traditional Mast ses place. I further unders	r of Arts in Teach	ing (MAT) guideli	nes when the actual	
I acknowledge that during the internship semester I am not permitted to enroll in other university/college courses including correspondence, web, distance learning, or courses at other universities/colleges. I will only be enrolled in the internship.					
I am prepared to honor these standards, policies, and social expectations of the school and community to which I am assigned for my internship.					
I understand I must provide documentation that my Child Maltreatment Central Registry has cleared at the ADE, AELS Public Site, to be eligible for the internship.					
Applicant's Signature					
Advisor's Signature					