

Fall 20____ Spring 20____
INTENT FOR TEACHING INTERNSHIP

Check Point 3

Name: _____ ASU ID Number: _____

Race: _____ Gender: _____ (For statistical purposes only) Catalog Year: _____ Branch Campus: _____

Permanent Address: _____ Phone Number: _____
Street or Box City State Zip

Undergraduate Majors _____ Admission Date: _____

Major: _____ Program of Study: ☐ Yes ☐ No
(for individual already having a bachelor degree)

Middle Level Subject Area (check one) ☐ Math/Science ☐ Language Arts/Social Studies

Secondary Grade Level (check one) ☐ K-12 ☐ 7-12 ☐ P-8 & 7-12

Residential Address During Internship			
Street or Box	City	State	Zip
Phone: _____		E-Mail: _____	

High school from which you graduated: _____

Public School Field Experiences: List schools and grades.

Level I Experience: _____ Grade: _____
School

Level II Experience: _____ Grade: _____
(MLED & Secondary only) School

Level III Experience or Internship I: _____ Grade: _____
(ECH & ELED only) School

FOR ECH4 AND MLED ASSIGNMENTS ONLY – Circle preference of grade level

(ECH P-4: K & 1–2–3–4) (ECH/SpEd: K & RR) (MLED 4-8: 4–5 & 6–7–8)
or (ELED K-6: K-1-2-3 & 4-5-6) or (SPED K-12: K-6, 7-9, or 10-12)

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 specified in the undergraduate Teacher Education Handbook and the Undergraduate Bulletin when the actual assignment for teaching internship experience takes place. I further understand that the final approval is contingent on the recommendation and validation of my advisor and university supervisor.

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 and my fingerprint non-criminal background check (NCBC) has been approved at the ADE, AELS Public Site, to be eligible for the internship.

Applicant's Signature

Supervisor's Signature (Secondary only)

Advisor's Signature