

Fall 20__ Spring 20__

Check Point 3

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

Name: _____ ASU ID Number: _____

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

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

Undergraduate Degree
Major: _____

Graduate Students in the MAT Program
Program/Area Subject: _____

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

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

High school from which you graduated: _____

Passed Core Academic Skills for Educators (show scores*); Reading (min. 156) ____ Writing (min. 162) ____ Math (min. 150) ____
*Scores for PPST Praxis I only accepted if test taken prior to September 1, 2013

Do you have a job? Yes or No If so, list school, location and grade level? _____
Please circle 1 of the above

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.

Required Praxis II Content Exam (show score): Early Childhood: Content Knowledge (min. 157) ____
Or Middle School: Content Knowledge Language Arts min. 164 ____ Math min. 165 ____
Social Science min. 149 ____ Science min. 146 ____

FOR ECH4 AND MLED ASSIGNMENTS ONLY – Circle preference of grade level
(ECH P-4: P – K & 1 – 2 – 3 – 4) (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 specified in the Teacher Education Handbook, Professional Education Program Proposal and the Arkansas Department of Education Non-Traditional Master of Arts in Teaching (MAT) guidelines 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 at the ADE, AELS Public Site, to be eligible for the internship.

Applicant's Signature

Advisor's Signature