❑Fall 20____ ❑Spring 20_____

Astate Clinical Experience

INTENT FOR CAPSTONE TEACHING INTERNSHIP

Candidate: _____ ASU ID Number: _____

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

Permanent Address: _____
Street or Box City State Zip

Undergraduate Majors Admission Date: _____

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

Middle Level Subject Area (check two) ❑ Math ❑ Science ❑ Language Arts ❑ Social Studies

Secondary Grade Level (check one) ❑ K-12 ❑ 7-12

Residential Address During Capstone Internship			
Street	City	State	Zip
Phone:	E-Mail:		

High school from which you graduated: _____

Public School Field Experiences: List schools and grades.

Level I Teacher Applicant: _____ Grade: _____
School

Level II-PBID/Elem. Practicum:
(Secondary, K-12, & SPED K-12 only) _____ Grade: _____
School

Level II-Internship I/Secondary Practicum:
(ELED, MCH, SPED K-12) _____ Grade: _____
School

Diversity Clinical Experience
(Mountain Home only) _____ Grade _____
School

GRADE LEVEL REQUIREMENTS FOR CAPSTONE INTERNSHIP LISTED BELOW:

ELED: K–1–2–3 & 4–5–6 Secondary 7-12 & K-12 MCH: 4–5–6 or 7–8 SPED: K–6 & 7–12

Required courses after capstone teaching internship semester:_____

List below any schools in which you have immediate family members, their grade levels, and/or positions.

I acknowledge that during the capstone 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 capstone internship.

I am prepared to honor these standards, policies, and social expectations of the school and community to which I am assigned for my capstone internship.

According to the ADE policies governing programs for educator licensure (Rule 8.04), I must "before entering a classroom to complete a supervised clinical practice", provide documentation that my Child Maltreatment Central Registry and ASP/FBI fingerprint background checks have been approved at the ADE, AELS Public Site.

_____ _____
Applicant's Signature Supervisor's Signature (Secondary only)

_____
Advisor's Signature