

PRAIRIE VIEW A&M UNIVERSITY
Whitlowe R. Green College of Education

CLINICAL TEACHING CHECKLIST FOR SPRING 2025 SEMESTER

CHOOSE ONE: **(General Clinical Teaching)** **Year-long Residency**

Candidate: _____ TEA ID# _____ PV ID# _____
Last Name *First Name* *M.I.*

The following information must be submitted, by the Clinical Teacher Candidate, to the ADVISOR on or before November 14, 2024.

	REQUIRED DOCUMENTATION	YES	NO	COMMENTS
1.	Copy of Driver's License (FRONT AND BACK)	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Student Teaching Application (MUST BE SIGNED BY STUDENT)	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Background check acknowledgement form signed	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Banner Registration Form: Advisor signature indicating correct student teaching course(s) per degree plan.	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Completed Degree Plan: to include grades received and semesters taken (Example: Spring 2019) Signed by Advisor. OVERALL GPA > 2.75	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Degree Program Approval Form (Signed by Advisor). Docu Sign	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Copy of CUIN 3003, 3013, 4103, and 4113 Observation Validation forms: with corresponding logs for required field experiences. Scanned In)	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Documentation of: (Scan In) A Passing Score on the TExES Content Exam	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Copy of your Professional Resume (Scan In)	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Printout of successful completion of online <u>Graduation Application</u> – must be signed by your Advisor. (Docu Sign)	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Code of Ethics form signed	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Copy of the Admissions to Teacher Education signed Letter (Scan In)	<input type="checkbox"/>	<input type="checkbox"/>	

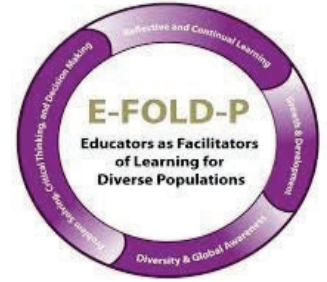
Advisor Signature

Date

Whitlowe R. Green College of Education
Department of Curriculum and Instruction
DEGREE PROGRAM APPROVAL FOR CLINICAL TEACHING

*This document must be completed with and signed by your Academic Advisor.
The completed document must be submitted with your approved Degree Plan.*

Name:		PV ID #:	
Semester and Year Requesting to Enroll in Clinical Teaching	Fall		Spring
I: Current Course Load			
Course Title/Number	Course Title/Number	Course Title/Number	
Course Title/Number	Course Title/Number	Course Title/Number	
II: Courses Necessary to Complete Program Requirements			
Course Title/Number	Course Title/Number	Course Title/Number	
Course Title/Number	Course Title/Number	Course Title/Number	
III: Admission Requirements to Teacher Education Program			
Semester/Date		Overall GPA	
<i>Note: Unsatisfactory grades ("D" or "F") are <u>not</u> acceptable in any professional course.</i>			
IV: Program Concentration (Place an "X" next to desired program concentration.)			
EC-6		ELAR 4-8	
Math 7-12		Soc. Studies 4-8	
Generalist 4-8		ELAR 7-12	
		Phy. Ed. EC-12	
		Science 4-8	
		Music EC-12	
		Math 4-8	
		SPED EC-12	
Recommendation (To be completed by Faculty.)			
Advisor:		Approved:	Yes
			No
			Pending
Coordinator: Clinical Teaching		Approved:	Yes
			No
			Pending



PRAIRIE VIEW A&M UNIVERSITY
 A Member of the Texas A&M University System
WHITLOWE R. GREEN COLLEGE OF EDUCATION
 Office of Student Teaching Field Experiences
 Student Teaching Application

Name: _____
 First Middle Last Maiden

PVAMU E-mail: _____ Date: _____
 (All correspondence must be used via PVAMU email address)

TEA Number: _____ Sex: _____ Ethnicity: _____

Telephone Number: _____ (Home) _____ (Cell)

Mailing Address: _____
 City: _____ State: _____ Zip: _____

Major(s): _____ Academic Specialization(s): _____

<p><u>What is your Classification:</u></p> <p><input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate</p> <p><u>Certification Areas:</u></p> <p><input type="checkbox"/> EC-6 <input type="checkbox"/> Middle School (4-8) <input type="checkbox"/> Secondary (8- 12) <input type="checkbox"/> All- Level</p>	<p><u>Certification Areas:</u></p> <p><input type="checkbox"/> Generalist <input type="checkbox"/> English, Language Arts <input type="checkbox"/> Music <input type="checkbox"/> Physical Education <input type="checkbox"/> Theater</p> <p><u>Certification Areas:</u></p> <p><input type="checkbox"/> Bilingual Education (EC-6) <input type="checkbox"/> Mathematics <input type="checkbox"/> Special Education (EC-12) <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Vocational</p>
--	---

***Please attach TExES Certification results to this form.**

Whitlowe R. Green College of Education
 Office of the Dean
 P.O. Box 519; MS 2400 Prairie View, Texas 77446
 Phone (936) 261-3600 Fax (936) 261-3621
 www.pvamu.edu

PRAIRIE VIEW A&M UNIVERSITY REGISTRATION & SPECIAL APPROVAL FORM Rev. 3/31/08

Term Data				Fall	Summer	Spring
	Student ID#	Major	Classification	Semester/ Year		
Name (Please print)						
	Last	First	MI	Email Address		

Course Selections (First Choice)					Alternate Selections (Second Choice)				
ACTION	CRN AND COURSE AND NUMBER	SEC. #	HRS	COURSE LEVEL	ACTION	CRN AND COURSE NUMBER	SEC. #	HRS	COURSE LEVEL
<i>Circle one below</i>	<i>Example: CRN 10048 MISY 1013</i>	<i>P01</i>	<i>3</i>	<i>UG</i>	<i>Circle one below</i>	<i>Example: CRN 10048 MISY 1013</i>	<i>P03</i>	<i>3</i>	<i>UG</i>
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD OR RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
DD or RE					DD or RE				
				Total Hours					

DD = Drop without record RE=Add course

Student Signature _____ **Date** _____

Advisor Signature _____ **Date** _____

SPECIAL APPROVAL:
Please list course(s) and check box(es) for the appropriate override/approval:

Course(s)	
-----------	--

- Pre- and/or Co-Requisite Override Approval (Pre and/or Co-Requisite Overrides must be approved by the dept. head offering the course)
- Special Approval: Dept Head
- Course Enrollment Capacity Override
- Time Conflict Override Approval (Please complete back of this form for time conflict override approval)
- Maximum Credit Hours Approval (Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students. (Please complete back of this form for maximum credit hours approval)

Dept. Head Signature _____ **Date** _____

Dean Signature _____ **Date** _____
 (Dean's signature and processing required for Time Conflict and Maximum Credit Hours Approval)

Note: Per the TAMUS Records and Retention Schedule, departments must retain this document for one year after the close of the registration semester.



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Student Name: _____: ID# _____

Justification for Course Time Conflict Resolution

The above student has extenuating circumstances and has permission to be advised and registered in the following course section(s) that have a time conflict:

Course Name, Number and Section: _____ CRN: _____ Time: _____

Course Name, Number and Section: _____ CRN: _____ Time: _____

The time will be made up for the affected course(s) with the following plan of action:

Justification for Maximum Course Credit Overload

Overload approvals require a minimum grade point average of 3.00 for undergraduate students (21 hrs max for any long semester and 12 hrs max for any combined summer sessions) and permission of the dept. advisor for graduate students.

Course Name, Number and Section: _____ CRN: _____

Cumulative GPA: _____

Students who do not meet criteria for maximum course credit overload as outlined in the university undergraduate or graduate catalog:



PRAIRIE VIEW
A&M UNIVERSITY

State Board for Educators Certification

Texas Educators' Code of Ethics

Texas Administrative Code §247.2

STATEMENT OF AFFIRMATION

I affirm that I will comply with standard practices and ethical conduct toward students, professional colleagues, school officials, parents, and members of the community and shall safeguard academic freedom, as set forth by the Texas Administrative code §247.2. As a Texas educator, in maintaining the dignity of the profession, I shall respect and obey the law, demonstrate personal integrity, and exemplify honesty. In exemplifying ethical relations with colleagues, I shall extend equitable treatment to all members of the profession. In accepting a position of public trust, I shall measure success by the progress of each student toward the realization of his or her potential as an effective citizen. In fulfilling responsibilities in the community, I shall cooperate with parents and others to improve the public schools of the community.

- **I hereby affirm that I have ready and thoroughly understand the Texas Educator Code of Ethics TAC 247.2. And shall abide by all enforceable standards of this rule.**

Educators Candidate's Printed Name

Educator Candidate's Signature

Date

WE TEACH TEXAS

THE TEAXS A&M UNIVERSITY SYSTEM

Whitlowe R. Green College of Education
Office of the Dean
P.O. Box 519; MS 2400 Prairie View, Texas 77446
Phone (936) 261-3600 Fax (936) 261-3621
www.pvamu.edu



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Background Check Acknowledgement

I acknowledge that Prairie View A&M University Education Preparation Program has informed me of the following:

BACKGROUND INFORMATION: The SBEC rules in 19 TAC Chapter 227 begin with Subchapter A, Admission to Educator Preparation Programs, which provides for rules that establish requirements for admission to an EPP.

§227.1. General Provisions.

- (b) Educator preparation programs should inform all applicants that:
- (1) pursuant to the Texas Education Code (TEC), §22.083, candidates must undergo a criminal history background check prior to employment as an educator; and
 - (2) pursuant to the TEC, §22.0835, candidates must undergo a criminal history background check prior to clinical teaching.

My signature below also acknowledges that I have received a copy of TEA FAQ's document "Preliminary Criminal History Evaluation-FAQ's"

Name (Please print)

Signature

Date



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

CUIN COURSE REQUIREMENT

I acknowledge that I must be formally admitted into the Teacher Education (TE) program to be enrolled in CUIN Courses. You must have received a letter documenting your formal admission date from Curriculum & Instruction Department Head.

If I am enrolled in CUIN courses without a formal admission letter to Teacher Education (TE):

- **I understand that I cannot receive credit towards my certification without a letter documenting my formal admission.**

Name (Please print)

Signature

Date

Whitlowe R. Green College of Education
Office of the Dean
P.O. Box 519; MS 2400 Prairie View, Texas 77446
Phone (936) 261-3600 Fax (936) 261-3621
www.pvamu.edu