TEAL OUT-OF-STATE PLACEMENT INFORMATION

Utah State University places student teachers throughout the state of Utah and in Franklin County, Idaho. This policy applies to placements made outside of that area.

Out-of-State Placement applications are due in the Office of Field Experiences (Emma Eccles Jones Education Building Room 330) according to the following schedule:

- For fall student teaching, the application must be submitted by February 1.
- For spring student teaching, the application must be submitted by September 15.

Out-of-State teaching placements are not available for students who are completing a SCED composite or ELED/SPED composite majors; Math Endorsements, ESL or Dual Language Immersion certification.

After submission of the application, the application will go to the Student Teaching Advisory Board (STAB) where the request will be reviewed. If the request is approved, the personnel of the Office of Field Experiences will make every possible attempt to place applicants in the area/district/school requested. However, there can be no guarantee of placement success as school districts are independent entities with their own procedures and policies. **Students may suggest a placement but may not make formal arrangements. A student-suggested placement cannot be guaranteed.**

When an Out-of-State Placement is secured, the student will be notified via email. A total of $300 in student teaching fees are applied toward student teaching through differential tuition. Additional fees that are charged by the out-of-state school district, cooperating universities for supervision and local supervisors as well as cooperating teacher participation will be charged to the student's ACCESS/BANNER account.

For further information, contact K. Lea Priestley, Director, Elementary Field Experiences, (435) 797-0371 or at klea.priestley@usu.edu or Sharla Hart, Director, Secondary Field Experiences, (435) 797-0958 or at sharla.hart@usu.edu.
Revised 08/20/2016

Application for Out-Of-State Placement
Utah State University - School of TEAL

Date Submitted ____________________ Semester to Student Teach ________________________________

PERSONAL INFORMATION

Name_________________________________________ A# ______________________________

Licensing Area ____________________________ Endorsement_______________________________

Address ____________________________________________________________________________

City/State ____________________________ Zip Code ________________________________

Telephone _______________________________Cell Phone ________________________________

E-Mail Address ________________________________________________________________________

Where are you presently completing coursework? Check one of the following:

_____ Logan campus

_____ Regional Campus site (name) ________________________________

Qualifications:

_____ Cumulative GPA of 3.5 ______ Current GPA______________________________

_______ Proficient or Pre-Service Proficient in all of my practicums/4s and 5s in clinical placements.

All my coursework, except student teaching, will be completed before student teaching.

Yes _________ No ____________

Graduation and Licensing:

_____ Graduation application submitted.

_____ Licensing application submitted.

_____ Background check will not expire during the student teaching experience.

Please attach documentation for a GPA under 3.5, or a practicum/clinical placement grade lower than stated above.
Required Documentation for Out-of-State Placements
(Please attach this documentation to your Application)

1. A statement in the space below of your rationale for requesting an Out-of-State placement. Besides other pertinent information, please indicate if this placement request is because of hardship or other circumstances. Also explain how this placement will benefit your teacher training.

2. A letter of support from your Level II supervisor (ELED) or teaching methods instructor (SCED). The letter should discuss your mastery of the content and your involvement in classroom activities.

3. Your completed application for student teaching.
Please provide the following placement information (if known):

District Name:
_______________________________________________________________________________________________________

School Name:
________________________________________________________________________________________________________

Street Address:
______________________________________________________________________________________________________

City/State/Zip:
______________________________________________________________________________________________________

School Phone: ( )
______________________________________________________________________________________________________

Principal:
______________________________________________________________________________________________________

Grade/Subject Requested: ____________________________________________

In order for the personnel in the Office of Field Experiences to facilitate college supervision, please list names (phone numbers if available) of local colleges/universities. The personnel in the Office of Field Experiences will make these contacts.

1. ________________________

2. ________________________

3. ________________________

4. ________________________
OUT-OF-STATE STUDENT TEACHER CHECKLIST

_______ Complete a student teaching application.

_______ Provide all supporting documentation as outlined within the student teaching application.

_______ Complete an Out-of-State Placement application.

_______ Register for Utah State University student teaching courses and pay the associated tuition and fees.

_______ Pay any additional fees associated with this Out-of-State Placement (above the $300 accounted for in differential tuition). These fees will be charged to my ACCESS account.

_______ Pursue Background Check in the host state, if required.

_______ Attend Out-of-State Student Teaching orientation, if required by the hosting public school and/or university.

_______ Complete all assignments and requirements by the appropriate deadlines.

_______ Represent Utah State University in an exemplary manner.

_______ Understand that I will be removed from my student teaching Out-of-State Placement if I should fail to meet any of the student teaching requirements.
Out-of-State Placement Contract

Name: ____________________________________________
A# ________________________________

Licensing Area: ____________________________ Endorsement: ________________

Phone: ____________________________ E- Mail: ____________________________

This is to certify that I agree to the following conditions regarding my student teaching at (school)
__________________________________________in (district/state) ________________________ for the Fall/Spring
Semester ________.

1. To register at Utah State University for all course work related to student teaching.

2. To pay the additional $__________ for Out-of-State Placement at ______________________.
   This will be charged to my ACCESS account. This fee pays for student teaching supervision
during ________ Semester and is due prior to student teaching.

3. To complete all required district, school and classroom assignments before receiving a
   passing grade for student teaching courses by ________________________.

4. To be responsible for understanding, completing and satisfying the items on the
   checklist at the end of this contract. In addition, I agree to pay the additional costs associated
   with this Out-of-State Placement. I understand these fees will be posted to my account, and I will
   be required to pay the balance before my degree can be awarded.

5. To follow all policies and regulations of the hosting university, district, and school
   where I am assigned. This includes following the applicable school calendar.

Failure to adhere to the terms of this contract by the dates outlined herein will render this approved
Out-of-State placement null and void. The student will be removed from the student teaching
assignment and, if wishing to complete teacher licensing requirements, must reapply by the appropriate
deadline for student teaching. This contract must be signed and returned to the Office of Field
Experiences on or before ________________________, or this contract and Out-of-State placement are
null and void.

Student Signature ____________________________ Date __________

Advisor Signature ____________________________ Date __________

Director of Field Experiences ____________________________ Date __________

Department Head ____________________________ Date __________

Office Use Only

STAB meeting date: ____________________________ ___________ Accepted ___________ Denied

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