STUDENT TEACHING CANDIDATE TO DO CHECKLIST

___  1. Take care of the Criminal Background Check with the appropriate school division (4 weeks prior to start of placement)

___  2. Complete the CPR, AED, First Aid and Bloodborne Pathogens Trainings and save copies of each certificate for your records

Turn in the following to the TEP Office (Flory 314):

___  3. Copy of Child Abuse Certificate (email to education@bridgewater.edu)

___  4. TB Certificate

___  9. Transcript Request form

___  10. Verification of State Licensure Assessments form

___  11. VA DOE College Verification Form (top section, Part I) – link available at http://www.bridgewater.edu/files/tep/CollegeVerificationForm.pdf

Please note: At the final Student Teaching seminar, you will need to turn in a completed Application for a Virginia License (signed on both pages) as well as a check made out to the Treasurer of VA in the amount indicated on the application form.
Information on Criminal Background Checks

It is the TEP candidate’s responsibility to ensure that all criminal background check requirements for the school division of his/her student teaching and/or EDUC 380 placements are met and completed prior to the start of the placement.

Below is information specific to school divisions:

<table>
<thead>
<tr>
<th>School Division</th>
<th>Cost</th>
<th>Contact / Phone</th>
<th>Time of Operation</th>
<th>Length of time to process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta County Public Schools</td>
<td>$35 personal check or money order made out to Augusta County Public Schools</td>
<td>Ms. Kathy Redman Augusta County Public Schools Office 540-245-5112</td>
<td>Call in advance for appointment! 8-4, Tuesdays and Thursdays</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Harrisonburg City Public Schools</td>
<td>$10 money order for VA Department of Social Services; $8.50 money order for Harrisonburg City Public Schools</td>
<td>Ms. Elizabeth Jerlinski Harrisonburg City Public Schools Central Office 540-437-3324</td>
<td>Call in advance for appointment! 8-4, M-F</td>
<td>5-6 weeks</td>
</tr>
<tr>
<td>Page County Public Schools</td>
<td>$44 cashier’s check or money order made out to Page County Public Schools</td>
<td>Ms. Connie Comer or Ms. Pam Bell Page County School Board Office 540-743-6533</td>
<td>Call in advance for appointment! Fingerprints must be done at the Page County Sheriff’s Office. 8-4:30, M-F</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Rockingham County Public Schools</td>
<td>$10 money order made out to the VA Department of Social Services; $25 money order made out to Rockingham County Public Schools</td>
<td>Ms. Paula Kirby Rockingham County Public Schools Central Office 540-564-3220</td>
<td>Call in advance for appointment! 8:30-4:30, M-F</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Shenandoah County Public Schools</td>
<td>$47 cashier’s check or money order made out to Shenandoah County Public Schools</td>
<td>Ms. Connie Richey Shenandoah County Public Schools Office 540-459-6761</td>
<td>Call in advance to arrange! Fingerprints must be done at the Shenandoah County Sheriff’s office.</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td>Waynesboro City Public Schools</td>
<td>$45 cashier’s check or money order made out to Waynesboro Public Schools</td>
<td>Elaine McCauley Waynesboro Public Schools 301 Pine Avenue 540-946-4600 ext 19</td>
<td>Call in advance for appointment! M-F, 8-4</td>
<td>5-6 weeks</td>
</tr>
</tbody>
</table>
TB Certificate

The student teacher must have this form completed in the same academic year as his/her student teaching placement and must return it to the Teacher Education Program before being allowed to begin student teaching.

PHYSICIAN’S CERTIFICATE: STUDENT TEACHERS

Student’s Full Name: _____________________________________________________________

Sex (circle one): Male Female

Social Security Number: _________________________________________________________

Birth Date: ___________________________________________________________________

Home Address: __________________________________________________________________

Student Teaching Term: Fall Spring Year: ________________________________

On the basis of chest X-rays, tests and/or examinations, I certify that the above-named student is believed to be free of communicable tuberculosis as of the date indicated below.

Signature: ________________________________________________________________

Name, printed: _____________________________________________________________

Address: ___________________________________________________________________

Telephone: __________________________________________________________________

Date: _______________________________________________________________________

I am a licensed physician or public health nurse in the state of ______________________.
Student Teacher Candidate State Licensure Assessment

Name: ______________________________ Email: ______________________________

Licensure (circle one): PreK-6 6-12 PreK-12

Endorsement (e.g. Elem Ed or HPE): ______________________________

Other endorsements (e.g. ELS or FCS by testing): ______________________________

Please fill out the following table:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Passed / Not Passed / Registered</th>
<th>Score</th>
<th>VA Qualifying Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praxis I Math</td>
<td></td>
<td></td>
<td>178 (Praxis I)</td>
</tr>
<tr>
<td>Praxis Core Math</td>
<td></td>
<td></td>
<td>150 (Praxis Core)</td>
</tr>
<tr>
<td>SAT Math</td>
<td></td>
<td></td>
<td>530 (SAT)</td>
</tr>
<tr>
<td>ACT Math</td>
<td></td>
<td></td>
<td>22 (ACT)</td>
</tr>
<tr>
<td>VCLA</td>
<td></td>
<td></td>
<td>470 (min. 235 each section)</td>
</tr>
<tr>
<td>RVE (PreK-6 only)</td>
<td></td>
<td></td>
<td>157</td>
</tr>
<tr>
<td>Praxis II (also list which assessment(s) taken)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: In order to student teach, you must have been admitted to the BC TEP. In order to be admitted to the BC TEP, you have to have passed the Praxis I Math (prior to January 1, 2014) or Praxis Core Math (after January 1, 2014) and VCLA. In order to apply for teacher licensure, you have to have passed the RVE (elementary only) and the appropriate Praxis II assessment. If you have yet to pass any of the required assessments, please outline your plan, including a timeline to complete them, below:

Signature: ______________________________ Date: ______________________________
Transcript Request

_________________________________________________________________

Full Name, printed

_________________________________________________________________

Home Address

_________________________________________________________________

City, State, Zip

Please send a transcript to the Director of the Teacher Education Program or the Education Coordinator (Flory 314; Campus Box 15). My last date of attendance at Bridgewater College was/will be

_________________________________________________________________

(month/year)

I hereby authorize Bridgewater College to include my Praxis II, VCLA and RVE (if applicable) scores, as well as my student teaching hours, university transcript and any other pertinent information that may be required by the State in my licensure application packet.

These documents will be sent to the:

Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120
Richmond, VA 23218-2120

_________________________________________________________________

Signature