



SIERRA NEVADA COLLEGE

TEACHER EDUCATION Master of Arts in Teaching

~ Student Teaching Application – Las Vegas ~

Please Print Clearly

Name: _____ Date: _____

E-mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Semester/Year Requested: _____

Program Path: (check one): ARL Student Traditional, Non-ARL Student
 Non-Pursuing Degree Student

Degree Sought (check one): Elementary K-8 Secondary 7-12 Dual K-12
If secondary, list major(s) _____

Educational Background

Undergraduate Degree Information

Type: _____

University or College: _____

Type: _____

University or College: _____

The Following Requirements Must be Completed Before Student Teaching

Check Yes/No for Each Below. If Not Applicable to you, please write N/A in left margin.

- Yes No **CCSD School Police Fingerprinting**
Date of Receipt Turn-in: _____
- Yes No **CBEST/PPST**
Date Passed: Reading _____ Writing _____ Math _____
- Yes No **Completion of all Methods Classes & Other Coursework**
- Yes No **3.0 Cumulative Grade Point Average (Good Standing)**
- Yes No **Praxis II: Content Area (Secondary Only)**
Content Area: _____ Date Passed: _____

The Following Requirements Must be Completed Prior to Completion of Student Teaching. Failure to complete these requirements will prevent Sierra Nevada College Issuing a Letter of Completion.

Check Yes/No for Each Below. If Not Applicable to you, please write N/A in left margin.

- Yes No **Praxis II (Elementary Only)**
Content Area Exercises (20012) Date Passed: _____
Curric., Instruction, & Assessment (10011) Date Passed: _____
- Yes No **Praxis II (Secondary Only)**
Pedagogy or PLT (30524) Date Passed: _____
- Yes No **Nevada School Law or Course Work Equivalent**
- Yes No **Nevada Constitution or Course Work Equivalent**
- Yes No **U.S. Constitution or Course Work Equivalent**

ARL Placement (Important!) – ARL Students Only

Contracted School: _____
Principal: _____ **Date Contracted:** _____
Grade(s) & Subject(s) Taught: _____

Traditional Placement (Important!) – Traditional Students Only

Preferred School Region (check one) NW SW SE E NE (Las Vegas)

Assignment/Grade/Subject you will Student Teach: _____

Questions

1. Experience with K-12 Children: Formal/Informal Teaching Experience

_____	_____
Date(s)	Grade Level/Subject
_____	_____
_____	_____

2. Volunteer/Community Service Work with K-12 Students

_____	_____
Dates(s)	Grade Level/Subject
_____	_____
_____	_____

Please Read & Sign

I understand that I will not be able to student teach until all testing and financial requirements are met. A letter of completion will be submitted to the Nevada Department of Education at the successful completion of the internship.

Student Teacher Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____