STUDENT TEACHER PACKET
Fall 2006

This packet includes the following for ONE STUDENT TEACHING PLACEMENT

Note: Each placement requires the submission of a separate packet (even when a 2nd placement is within the same school).

A. **Medical Form for TB Test—DUE 1st DAY OF TC CLASSES**
Submit to your student teaching program coordinator.
Requires signature of physician and is valid for one calendar year

B. **Student Teacher Data Sheet—DUE OCTOBER 2nd**
Requires signature of program coordinator

C. **Principal’s Consent Form—DUE OCTOBER 2nd**
Requires signature of principal

D. **Record of Student Teaching Hours—DUE LAST DAY OF TC CLASSES***
Submit to Russell Hall, Room 400
Requires signatures of:
- Cooperating Teacher
- Program Coordinator/Supervisor

E. **Student Teaching Grid of Hours—DUE LAST DAY OF TC CLASSES***
Inaccurate and incomplete grid hours will delay processing

**IMPORTANT:**
Retain a photocopy of all documents for your records.

*IF YOU ARE GRADUATING: You MUST remit grid and hours AT LEAST 3 weeks prior to your date of graduation. ***FAILURE TO DO SO WILL DELAY YOUR GRADUATION***
Return all forms to: Office of Teacher Education, Box 97, Russell Hall, Room 400 or fax to: (212) 678-3153

REVISED 9/21/06 BY Y
STUDENT TEACHING MEDICAL FORM INFORMATION

MEDICAL CLEARANCE BASED ON A TUBERCULIN TINE TEST (AND CHEST X-RAY IF NECESSARY) IS A MANDATORY PRE-REQUISITE FOR STUDENT TEACHING.

Please call University Health Services for an appointment as soon as possible. There is a high demand for tests at the beginning of each semester.

University Health Services
Columbia University, John Jay Hall
114 Street and Amsterdam Avenue
New York, NY 10027
(212) 854-2284

If you have paid the university health service fee there is no charge for the TB test.
If you have not paid the university health fee, the charge is $60.00 for the visit.

The results of a tuberculin tine test are valid for one calendar year.

If you are using a private physician, you must submit the following before entering the classroom:

- A statement written on letterhead by the physician indicating the medical exam results
- The TB tine test form or the OFSS Medical Form which MUST BE STAMPED BY PHYSICIAN

STATE LAW REQUIRES THAT YOU SUBMIT DOCUMENTATION OF A VALID TB TEST BEFORE ENTERING THE CLASSROOM.
STUDENT TEACHING MEDICAL FORM

THIS FORM MUST BE IN BEFORE YOU STUDENT TEACH

Date: ______________________

This is to certify that Ms./Mr. ____________________________ (Student Name)

had a PPD (Tuberculin) test placed on _______________ and read on _______________

(date) (date)

Results:

Negative ____________ Positive _______

If positive, a chest x-ray performed on _______________ revealed no active disease.

(date)

Signature of Physician ______________________________

Name of Physician ______________________________

Address ______________________________

City, State, Zip ______________________________

Telephone ______________________________

FORM MUST BE STAMPED BY PHYSICIAN’S OFFICE

THIS FORM WILL NOT BE ACCEPTED WITHOUT COMPLETE INFORMATION.

RETURN THIS FORM TO YOUR STUDENT TEACHING PROGRAM COORDINATOR
**STUDENT TEACHER DATA SHEET**

***Due October 2***

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<tr>
<th><strong>Name:</strong></th>
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<td>(Last)</td>
<td>(First)</td>
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<td><strong>Local Address:</strong></td>
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<td><strong>Telephone:</strong></td>
<td>Home ( )</td>
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<td><strong>Email:</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Student ID#</strong></td>
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<tr>
<td><strong>Date of Birth:</strong></td>
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**Program Code and Name of Program:** (Ex: TLE—Teaching of English)

**TC Field Supervisor (who observes you in your classroom):**

**Name of School:**

**School Address:**

**School Phone Number:**

**Cooperating Teacher:**

**Cooperating Teacher Email:**

**Address where voucher should be mailed (if different from school address):**

<table>
<thead>
<tr>
<th><strong>Please check appropriate line</strong></th>
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</thead>
<tbody>
<tr>
<td>First student teaching placement</td>
<td>Fall 20_</td>
<td>Spring 20_</td>
<td>Summer 20_</td>
</tr>
<tr>
<td>Second student teaching placement</td>
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</table>

**APPROVED FOR STUDENT TEACHING:**

**Faculty Signature:** ____________________________  **Date:** _____________

**Print Name:** ____________________________
Dear Principal,

__________ is a student in ________________

(student’s name)(name of program)

at Teachers College, Columbia University. He/she will be student teaching this semester

______________ in your school with ________________

(term and year)(name of cooperating teacher)

Student teaching is a requirement of all Master of Arts Initial Certification Teacher Education programs at Teachers College. Following the student teaching experience, the cooperating teacher will receive a tuition exemption to be used within the next four semesters at Teachers College.

Please sign the form below indicating your knowledge of this student teaching assignment.

Thank you.

Sincerely,

Julia Yu
Associate Director, School-Based Support

I have approved the above arrangement.

Signature of Principal: ___________________________ Date: ____________

Printed Name of Principal: _______________________

Name of School: ________________________________
STUDENT TEACHING RECORD OF HOURS

Name of Student Teacher _________________________________ Student ID # _______________________

Current Semester & Year _________________________________ TC Course Number _________________

Subject ____________________________________________ Specific Grade Level(s): ____________

Name of School ________________________________________ City, State _________________________

Cooperating Teacher ____________________________________________________________________________

TC Program _____________________________________________________________________________________

TC Program Coordinator __________________________________________________________________________

TC Field Supervisor __________________________________________________________________________________

Check only ONE box: [ ] 1st Placement [ ] 2nd Placement [ ] 3rd Placement [ ] Specify Other: _______

I. ACTUAL TEACHING HOURS (A):
These hours indicate when a student teacher has responsibility for instruction of students in a full-time classroom teaching situation, tutoring of small groups or individuals, laboratory and studio work with students, or supervision of homeroom and study halls. **Note:** The number of hours required vary by program. Individual TC program requirements typically require more hours than the minimum state regulations, so be sure to check your program requirements.

Number of Actual Teaching Hours (A):

II. TEACHING SUPPORT ACTIVITIES OR OBSERVATIONS (B):
These hours indicate those activities in which students teachers engage during the school day to support and inform their instruction of students and their own development as teachers. These activities might include: conferencing with or observing the cooperating teacher; participating in curriculum planning/committee meetings; attending staff meetings; sitting in on parent-teacher conferences (if appropriate); etc.

Number of Teaching Support Activities/Observation Hours (B):

TOTAL NUMBER OF HOURS (A + B):

FIELD OBSERVATION HOURS
These are observation hours completed either BEFORE or SEPARATE from the student teaching placement. NYS requires that all student teachers conduct 100 hours of field observations in addition to student teaching.

Number of Field Observation Hours:

The time records above present the total clock hours recorded by the above named student. If all the information is complete, and to your knowledge correct, please sign this form.

Signature of Cooperating Teacher: _________________________________ Date: ____________

Signature of Program Coordinator/Supervisor: _________________________________ Date: ____________

RETURN THIS FORM TO RUSSELL HALL, ROOM 400
Office of Teacher Education & School-based Support Services · Box 97 · 525 West 120 Street, New York, NY 10027
Phone (212)678-3502 · Fax (212)678-3153 · Email ote@tc.edu · Website www.tc.edu/ote · Russell Hall, Room 400
STUDENT TEACHING GRID OF HOURS
OFFICE OF TEACHER EDUCATION & SCHOOL-BASED SUPPORT SERVICES

***DUE LAST DAY OF TC CLASSES***

Student Teacher Name_________________________________________ Semester__________________________________

**A=Actual teaching hours:** These hours indicate when a student teacher has responsibility for instruction of students in a full-time classroom teaching situation, tutoring of small groups or individuals, laboratory and studio work with students, or supervision of homeroom and study halls.

**B=Teaching Support and Observation hours:** These activities might include: conferencing with or observing the cooperating teacher; participating in curriculum planning/committee meetings; attending staff meetings; sitting in on parent-teacher conferences (if appropriate); etc.

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<thead>
<tr>
<th>Week of</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Week Total</th>
<th>Initials of Coop. Teacher</th>
<th># of Visits by TC Supervisor</th>
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<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
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<td>Total Hours (A)</td>
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<td>Total Time A + B</td>
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Total number of times you were observed by TC supervisor: ____________________________