STUDENT TEACHING PACKET
2016-2017
Office of Teacher Education

TO BE USED FOR ONE STUDENT TEACHING PLACEMENT

<table>
<thead>
<tr>
<th>IMPORTANT DEADLINES</th>
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<td>Clearance Letter:</td>
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<td>Record of Hours Form:</td>
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<td>Dec. 16, 2016 (Friday) for graduates</td>
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<td>Dec. 23, 2016 (Friday) for non-graduates</td>
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**INTERNATIONAL STUDENTS** are exempt from fingerprinting AND registering with NYCDOE. If you are an international student, please send an email to ote@tc.edu identifying yourself as an international student teacher in order to get a clearance letter**

BEFORE YOU ENTER THE CLASSROOM:

___ Get fingerprinted (see p. 2) through NYSED OR NYCDOE (Choose one but you must be at the NYSED level for certification)
___ Send screen shot from NYSED website or email ote@tc.edu to check for NYCDOE fingerprint status
___ Register at teachnyc.net/certification/student-teaching Forward confirmation email to ote@tc.edu
___ Obtain a “Clearance Letter” from OTE after meeting above requirements BEFORE the first day of student teaching. ALL STUDENTS MUST BE CLEARED BY SEPT. 20 (FALL) and FEB. 3 (for new spring student teachers).

___ Give the “Clearance Letter” to school principal or school administrator
___ Give “Cooperating Teacher Letter” to your host teacher

YOU CANNOT START STUDENT TEACHING WITHOUT A CLEARANCE LETTER!

**Failure to comply will lead to suspension or dismissal from your host school**

*Important Notes: 1) Students who complete all requirements will be cleared for the full academic year, 2) Students in the Applied Behavior Analysis program are exempt from the NYCDOE online registration requirement due to the nature of the school placements.

DURING THE EXPERIENCE

___ Track the number of hours spent at school on Time Sheet (see p. 4)
___ Complete the “Placement Diversity Report” (see p. 5)

END OF PLACEMENT

___ Submit Record of Hours form (p. 3) via fax to 212.678.3153, or as a scanned attachment to ote@tc.edu, or in person at Zankel Hall, Room 411. See due dates at top of this form.
Fingerprinting Information Sheet

SELECT EITHER STATE OR CITY LEVEL FOR STUDENT TEACHING
YOU MUST BE AT THE STATE LEVEL FOR CERTIFICATION

Updated 7.17.16

STATE LEVEL

(Recommended method for student teaching and mandatory for certification)
(Clearance time: 3-7 days) (Cost: $102)

or call (877) 472-6915

➤ The ORI Number/Code is: TEACH

After 3-7 days have passed, follow the steps below to check the status of your prints:
1) Create an account at: http://www.highered.nysed.gov/tcert/teach/
2) Click on “Account Information”
3) Click on “Fingerprinting”
4) Press “Go”
5) Under “Fingerprint Information,” it should say “Your DCJS and FBI results have been received” or “Fingerprints received from NYC” (if you have been fingerprinted previously by NYC)

Note: Transferring fingerprints to New York City is optional and only needed if requested by a school (in rare instances) or for NYCDOE employment purposes. See box below for NYC level clearance (Transfer is free)

New York City (NYC) Level

(For employment in NYC or if required by a school)
(2-5 days to clear) (Cost: $135)

Students MUST bring their Social Security card to the Office of Teacher Education in Zankel, Room 411 for identity verification before being allowed to be fingerprinted.

Additional instructions will be given once this step has been completed.

INTERNATIONAL STUDENTS

*INTERNATIONAL STUDENTS DO NOT NEED TO BE FINGERPRINTED BEFORE STUDENT TEACHING (ONLY For certification) Step 1: Go to http://tinyurl.com/llwj69e to request an ID number if you do not have a valid social security number. Step 2: Open a NYSED account with that number and apply and PAY for a certificate(s). Step 3: Get fingerprinted by the STATE using the same number.
(Note: You cannot use this number to be fingerprinted by NYC. Please email ote@tc.edu if you need to be fingerprinted by NYC.)

525 West 120th Street, Box 97, New York, NY 10027 · Zankel, Room 411
Phone (212)678-4057/3466 · Fax (212)678-3153 · Email OTE@TC.EDU · Website WWW.TC.EDU/OTE
STUDENT TEACHING RECORD OF HOURS

Directions: Please use dark ink and submit via one of the following methods: 1) Email to ote@tc.edu, 2) Fax to (212)678-3153, or 3) Drop off at Zankel, Room 411.

Name of Student Teacher _____________________________      TC T#______________________________
Semester & Year ______________________________________ Grade Level(s) Taught _____________
Program & Course Code—Select one code from the list below: ________________________________
Note: If your course is not on the above list, you should not use this form.
Name of School ___________________________________________ City/Borough ________________
Name of Cooperating Teacher and Email _____________________________________________________
Name of TC Field Supervisor ___________________________________________________________________
Check only ONE box:           1st Placement   2nd Placement           3rd Placement            Specify Other: _______

I.   TEACHING HOURS:
Teaching hours include time spent instructing or interacting 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 Teaching Hours: ________________________________________________

II.   OBSERVATION AND SUPPORT HOURS: (Subtract teaching hours from total hours.)
These hours might include: observing the cooperating teacher or other teachers in the school; attending professional development or staff meetings; sitting in on parent-teacher conferences (if appropriate); etc.

Subtract teaching hours from total hours: ____________________________________________

TOTAL NUMBER OF HOURS: ___________________________________________________________

The record above represents the total clock hours recorded at the designated school site. If all the information is accurate and correct, please sign this form. Note: These hours will be recorded on the official transcript.

Signature of Cooperating Teacher:________________________________________ Date: ______
Signature of Student Teacher:____________________________________________ Date: ______

For Office Use Only
Date Received: ______________

Check here if you are graduating this semester
Name: _______________________________  Semester & Year: ___________________________

Directions: Record the time you began working and finished working at your assigned school. Please round to the nearest half hour.

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PLACEMENT DIVERSITY REPORT

Name: ________________________     Teachers College T#: _____________     Semester: ___________

The information requested on this report should be based on ONE MAIN CLASSROOM for each of your placements. It is used by Teachers College to ensure that student teachers are given the opportunity to work with a variety of PreK - 12 students and settings and for an external teacher accreditation body, so please be as accurate as possible. If you are uncertain about how to answer particular questions, please consult with your cooperating teacher, TC supervisor or student teaching coordinator for guidance. This report is due upon completion of your placement together with your Record of Hours Form.

Type of Classroom:

☐ Resource room
☐ Collaboration
☐ Inclusive
☐ Dual Language/Bilingual
☐ ESL
☐ Self-contained
☐ Gifted and Talented
☐ Other: ______________

Grade/Age Level of the Students: ______________

Total Number of Students: ______________

Please provide the number of students in each category below. For any category without representation in your classroom, please enter a zero.

Gender: Number of Males: ______________ Number of Females: ______________

Race/Ethnicity:

☐ Hispanic/Latino of any race: ______________
☐ American Indian or Alaskan Native ______________
☐ Asian ______________
☐ Black or African American ______________
☐ Native Hawaiian or Other Pacific Islander ______________
☐ White ______________
☐ Two or More Races ______________

English language learners: ______________

Students with Individualized Education Program (IEP): ______________

Eligible for free/reduced lunch: ______________

Languages spoken at home other than English (list as many as you are aware of):