

AFFIDAVIT FOR STUDENT TEACHERS

Student Name: _____ Date: _____

Student ID # _____ Anticipated Term of Student Teaching: _____

Indicate with a "X" that you understand and are in compliance with the statements listed below.

_____ I understand that my student teaching assignment is contingent upon my successfully completing all requirements in Decision Point 2 and earning grades of C or better in all pre-requisite methods courses.

_____ I understand that acceptance of my student teaching application does not ensure placement.

_____ If I have any change in my status, I will notify The Office of Teacher Education Services and Clinical Practice. This can include a change in name, student teaching semester, or if I remove myself from a teaching major.

_____ I wish to student teach in my home district, where I attended as a student. If this does not apply to you put NA.

- Please provide the name of your district. _____
- City, State: _____
- Grade level(s) you attended in the district: _____
- I understand that placements with my home district are dependent upon agreement from the intended school district, principal, and the policies and capabilities of Ball State University.

_____ If you have any criminal past of any kind, there may be a potential issue with placement in certain schools. It is important that we discuss your situation. If that is the case, please mark an X. If that does not apply, mark NA.

Additional Information/Special Placements (Middle School Math, ESL, Early Childhood: Pre-K or Primary, etc.)

STUDENT AUTHORIZATION TO DISCLOSE INFORMATION TO THIRD PARTIES
BALL STATE UNIVERSITY

DEPARTMENT OR OFFICE: Office of Teacher Education Services and Clinical Practice

YOU ARE HEREBY AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS/INFORMATION TO
(INDIVIDUAL, PARTY, OR CLASS OF PARTIES):

Superintendent(s) and/or support staff
Principal(s) and/or support staff
Teacher(s)

TYPES OF RECORDS/INFORMATION TO BE DISCLOSED:

Early Field Experience Information
Student Teaching Information and Form
Grade sheet(s)
Course related Information
Criminal History Information
Any other information required by the school

PURPOSE FOR SUCH DISCLOSURE: To obtain a field experience placement, which may include student teaching and mediate any issues that would result in a school not accepting a student/candidate.

_____ I DO UNDERSTAND THAT THE ABOVE INFORMATION WILL BE DISCLOSED TO THE
APPROPRIATE EDUCATION ENTITY (SCHOOL, CENTER, ETC.) AND I WAIVE MY RIGHTS UNDER
FERPA.

PRINT NAME _____

STUDENT SIGNATURE _____

BSID# _____

AUTHORIZATION RECEIVED BY _____ DATE _____

Revised February 2020