**USI Clinical Internship Application for Semester/Year:**

Type responses into the gray boxes which will expand as needed. After completing the application, email it to your major advisor for review.

Candidates needing assistance in completing this application can contact the Director of Clinical Internships, Mrs. Joyce Rietman, [jrietman@usi.edu](mailto:jrietman@usi.edu) or the Coordinator of Educator Services, Mrs. Erin Hollinger, [erin.hollinger@usi.edu](mailto:erin.hollinger@usi.edu)

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| **Candidate Information** | | | | | | | | |
| Name |  | | | | Student ID # | |  | |
| Date of Admission to Teacher Education | | | | | Semester/Year of the clinical internship | | | |
| Date of birth |  | | | | USI email: | |  | |
| Major(s) |  | | | | Minor(s) | |  | |
| Address during the clinical internship semester |  | | | | | | | |
| Phone |  | | | | Non-USI email address | |  | |
| Permanent address |  | | | | | | | |
| # of USI hours completed | | | USI overall GPA | | | Transfer hours completed | | |
| **Schools From Which the Teacher Candidate Graduated** | | | | | | | | |
|  | | **School Name, City, State** | | | | | | **Year** |
| Elementary or K-8 | |  | | | | | |  |
| Middle School/Jr. High | |  | | | | | |  |
| High School | |  | | | | | |  |
| Community College or University | |  | | | | | |  |
| **Place an X in one of the boxes below to indicate preference for placement.** | | | | | | | | |
| Local Public (EVSC, Joshua Academy, Warrick County School Corporation, MSD Mt. Vernon, and MSD North Posey) | | | | | | | | |
| Local Non-Public (Catholic Diocese of Evansville and Evansville Christian School) | | | | | | | | |
| Non-Local (outside the local area, but within a 50-mile radius of the USI campus) | | | | | | | | |
| Does the teacher candidate have any relatives who attend or employed by the corporations listed above? If so, list those schools. | | | | | | | | |
| Has the teacher candidate ever been a student in a teacher education program other than at USI?  YES  NO | | | | Is the teacher candidate currently employed by any school corporation in any capacity?    YES  NO | | | | |
| I am interested in the TEACH NOW year-long clinical internship program.  YES  NO | | | |  | | | | |

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| **Clinical Practice Information** | | |
| **School       Grade Level** | | |
| **School       Grade Level** | | |
| **School       Grade Level** | | |
| **School       Grade Level** | | |
| **Remaining Coursework** | | |
| List the remaining courses to be completed before the clinical internship semester. Type the correct year in the box next to semester name. Include course abbreviation, number, and a 1-2 word, abbreviated title, such as BIOL 105: Intro Biol. Do not include the seminar course or the clinical internship course. | | |
| **SPRING** | **SUMMER** | **FALL** |
| **Courses with brief titles** | **Courses with brief titles** | **Courses with brief titles** |
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| **Note to Advisors**: Pages A and B are internal documents which are kept in the Teacher Education Office. The remaining pages are external documents which are sent to local schools for placement. The advisor’s signature indicates that this candidate meets the Teacher Education Department requirements and standards, including admission to teacher education, a 2.75 GPA in all licensure areas (all teaching majors and teaching minors), and a 2.75 GPA overall. It also indicates that these papers are ready for external review. Please list the candidate’s GPA in all majors and minors.  Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s) GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s) GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | |  |  | | Advisor’s Signature | Date | | | |

**Important Information for Students with Disabilities**

If you have a disability for which you may require accommodations to participate in your clinical internship assignment, please register with Disability Resources as soon as possible. To qualify for accommodation assistance, students must first register to use the disability resources in the Disability Resources Office, Science Center Rm. 2206, 812-464-1961, <http://www.usi.edu/disabilities>. Even if you are already registered for accommodations with Disability Resources, you must still contact that office as soon as possible regarding your clinical internship, as accommodations that you receive in a clinical internship environment may differ from those accommodations that you have received or are receiving in an on-campus classroom setting. To help ensure that accommodations will be available when needed, students who have an accommodation letter from Disability Resources are responsible for promptly contacting the Director of Clinical Internships to discuss their accommodation needs as early in the placement process as possible.

**B**

**University of Southern Indiana**

Teacher Education Department 8600 University Boulevard Evansville, Indiana 47712 Phone 812.465.7024

**Clinical Internship Application for Semester/Year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | USI Email | |
| Major(s) | | | Minor(s) | |
|  | **List the Schools from Which You Graduated (School Name, City, State)** | | | **Year** |
| Elementary or K-8 |  | | |  |
| Middle School or Jr. High |  | | |  |
| High School |  | | |  |
| College or University |  | | |  |
| **Check Areas of Licensure** | | | | |
| **P - 3** | | | | |
| **K - 6** | | | | |
| **5 - 12** | | **List subject area(s):** | | |
| **P - 12** | | **List subject area(s):** | | |
| **Reflective Essay Questions: Respond to each of the following questions/writing prompts in essay form on a separate sheet of paper. The length of your answers should be sufficient to address the questions while giving the reader a clear understanding of your preparation and expectations for the clinical internship. Type each prompt in bold font followed by your response in plain font. The essays should be single-spaced, and all four responses must fit on one piece of paper. Remember to proofread your answers carefully.** | | | | |
| **1. Describe your educational background and your preparation as a teacher candidate.**  **2. What special interests, skills, or experiences (e.g. sports, drama, volunteer work, employment, travel, etc.) do you bring to the school or the classroom?**  **3. What factors influenced you to pursue a career in teaching?**  **4. What do you consider the three most important attributes of an effective teacher?** | | | | |

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| **Academic Preparation**  Use Degree Works and list each course required for the degree. For any course that is not complete, including the current semester, list the semester of enrollment. Indicate the subject, course number, brief title, and the grade earned or semester the teacher candidate plans to enroll in the course. | | | |
| **Courses from the University Core Curriculum** | | **Courses from the Major / Minor** | |
| **Course Subject, Number, Brief Title**  **Example: ENG 101: Composition I** | **Grade Earned or Term of Enrollment** | **Course Subject, Number, Brief Title** | **Grade Earned or Term of Enrollment** |
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| **This candidate has been recommended for the clinical internship by his or her academic advisor. The candidate meets all requirements for the clinical internship.** | | | |
| Mrs. Joyce Rietman, Director of Clinical Internships  **2** | | | |