



Student Teaching Placement Procedure 2017-2018

The Harnett County School District is committed to providing an excellent experience for student teachers. In order to meet the needs of the many universities/colleges', a pre-service placement request must be sent to Debra Bagby at least 2 weeks prior to placement.

A Pre-Service packet must be submitted by college/university on behalf of the pre-service student at that time. We will need the following:

- Letter from the college/university formally requesting the student teacher placement, which provides the details of the requested assignment (e.g. dates, grade/subject, number of hours, activities that must be performed);
- Completed student teacher application each year(attached);
- Completed District Board Policies and Procedures Form on file
- Completed Consumer Notification and Authorization Consent for Release of Information on file
- Completed Health/TB Test Certificate on file

Completed forms must be emailed directly to Debra Bagby at Dbagby@harnett.k12.nc.us.

Placements will be made on a semester by semester basis. Placements will be done based on the following criteria:

- Be professionally licensed in the field of licensure sought by the student.
- Have a minimum of three years of experience in a teaching role.
- Have been rated, through formal evaluations, at least at the accomplished level as part of the North Carolina Teacher Evaluation System and have met expectations as part of student growth in the field of licensure sought by the student.
- Willingness of schools and teachers to take a student.

Harnett County Schools will make every effort to place students at their requested location or with the requested teacher. However, if the request cannot be met, we will place the pre-service student in the subject/level at another site.

If you need further information, please feel free to contact Debra Bagby at (910)814-3461 or dbagby@harnett.k12.nc.us.



Practicum/ Field Study/ Student Teacher/ Internship Placement Form

All information must be filled out in its entirety; otherwise, placement may be delayed and/or denied.

Date of Placement Request _____

University Information

University _____ Anticipated Graduation Date _____

Placement Coordinator _____

Email Address _____ Phone Number _____

Student Information

Student Name _____ Birthdate: _____
(First) (Middle) (Last)

Mailing Address _____
(City) (State) (Zip)

Phone Cell _____ E-mail Address: _____

Do you have children that attend the Harnett School District? Yes ___ No ___ If yes, which School? _____

Application for: Field Study Practicum Student Teaching Internship

Preferred Grade(s):Preferred Subject(s): _____

Please list three preferred schools in order of preference:

1. _____ 2. _____ 3. _____

Start Date _____ End Date _____

Harnett County Schools will make every effort to accommodate placement requests. There are, however, times that we may not be able to accept placement requests due to events in that are not conducive to a good student teaching experience. Once placement has been determined, the Human Resources Department will notify applicants and the University.

Please return application to: Debra Bagby at dbagby@harnett.k12.nc.us

Please have current principal signature if internship will occur during the instruction day. _____

*APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THESE DOCUMENTS IN THEIR ENTIRETY

**CONSUMER NOTIFICATION AND AUTHORIZATION –
CONSUMER REPORTS CONSENT FOR RELEASE OF
INFORMATION**

In connection with my application for employment or continued employment with the Harnett County Schools, or as a volunteer or student teacher, I understand that a “consumer report” as defined by the Fair Credit Reporting Act (FCRA), may be obtained by a consumer-reporting agency, other agency, or directly by the Harnett County Board of Education (Board), for the purposes of evaluating me for employment, promotion, reassignment, or retention as an employee, including assignment as a volunteer or student teacher. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, licensing and certification checks, etc. I understand that the results of this verification process will be used to make employment-related decisions, including decisions about student teaching and volunteer assignments.

I agree to release all persons and entities providing or receiving such information, including the Harnett County Board of Education and its agents, from any liability connected with the release or receipt of requested information.

I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed to the Board by me at any time may be utilized for the purpose of obtaining consumer reports. I further authorize the Board to obtain additional consumer reports about me for employment-related purposes, including decisions about student teaching and volunteer assignments, at any time during the course of my employment. I agree that this authorization and release will be valid, now or in the future, in original, faxed, copied or electronic form.

I have carefully read and understand this notice and authorization form. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act. By my signature, I authorize the Harnett County Board of Education to procure consumer reports on me in order to evaluate my application for employment, my promotion, reassignment, or retention as an employee, or my assignment as a volunteer or student teacher.

_____ Printed name	_____ Social Security Number
_____ Signature	_____ Date
_____ Birthdate	_____/_____ College Attending / Anticipated Graduation

Date

District Board Policies and Procedures-Student Teachers

Board Policies and Procedures are available online at:

<http://www.harnett.k12.nc.us/education/components/scrapbook/default.php?sectiondetailid=7&backPath=L2VkdWNhdGlvb21wb25lbnRzL3NIYXJjaC9zZWZyY2gucGhwP3NIY3Rpb25kZXRhaWxpZD00OTAyOA==>

4000 STUDENTS

- 4001 Equal Education Opportunities
- 4021 Prohibition against Discrimination, Harassment, Bullying and Cyberbullying
- 4040 Staff Student Relations
- 4200 School Safety
- 4240 Child Abuse

5000 COMMUNITY RELATIONS

- 5026 Smoking and Tobacco Products on School Property
- 5071 Electronically Stored Information Retention

7000 PERSONNEL

- 7230 Prohibition against Discrimination, Harassment, Bullying and Cyberbullying
- 7240 Drug Free and Alcohol Free Workplace
- 7270 School Safety
- 7280 Prohibited Conduct at School Events
- 7310 Staff-Student Relations
- 7315 Code of Ethics and Standards of Conducts

I certify that I have completed my review of the above Harnett County Board of Education Policies and Procedures.

I understand and agree that the electronic submission of this District Board Policies and Procedures Document shall have the same legal force and effect as my handwritten signature; and by typing my name below, I verify the accuracy and completeness of the information submitted.

Full Legal Name - Printed (as it appears on your Social Security Card)

Date

Signature

North Carolina Public Schools

Student Teaching/Graduate Internship Health Examination Certificate

Required of all persons upon initial employment, or separation from employment more than one school year, or deemed necessary by a local school board or superintendent. This certificate must be completed and signed by a physician licensed to practice medicine in the State of North Carolina (NCGS §115C-323). *For pre-service purposes, this information may be provided by an out-of-state physician.*

Name _____

Social Security Number **XXX-XX-** _____
(Last 4 digits only)

Subject Area _____

Address _____

Telephone: _____

The individual mentioned earlier is to be recommended by Harnett County Public School System in a position of pre-service/student teacher/ intern. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

AREAS	LIMITATIONS		NATURE OF LIMITATIONS
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			
Other			

TB Skin Test/PPD	Date Given	Date Read	Results

By my signature I certify that the above-named person does not have any communicable disease, including tuberculosis, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted above. Further I certify that this person is free of any physical or mental disability that would impair job performance. If unable to certify, please comment.

Physician name *(please type/print)* _____

Telephone Number _____

Physician's Signature

Date