SALISH KOOTENAI COLLEGE

DIVISION OF EDUCATION

APPLICATION FOR STUDENT TEACHING

Rev. Oct. 2026

Name (Last, First and Middle Initial)	Student ID number
Local address	home phone
City State Zip	email address
Permanent address	Cell phone (if applicable)
City State Zip	Phone number of someone who can contact you at any time.

I have read all the information in this packet and am aware of my responsibilities. I understand I will not be eligible for student teaching if I do not meet all of the stated requirements by the end of the quarter preceding student teaching. **This includes the completion of all required courses and the TEP Portfolio Stage 2 Showcase.** *Once a placement has been confirmed, I understand that I may not request a change in the placement, except in extreme circumstances and only following a thorough review and approval by the ST Supervisor and Department Chair.*

I am aware that student teaching is a full-time commitment and that SKC strongly discourages student teachers from taking other classes or being employed while student teaching.

I understand that this information will be shared with student teaching sites and SKC personnel as part of the placement process and that I am <u>not</u> guaranteed a placement location of my preference.

Student Signature Date

For department use only – this application will not be accepted without the advisor's signature.

I have reviewed this student's progress. _____ All requirements met, including passed TEP 1 Conference.
_____ Deficiencies (see Program Clearance Summary).

Advisor Signature

ST Supervisor Signature

STUDENT TEACHING PLACEMENT REQUEST

For _____ quarter, _____ (year)

Grade level preference:

☐ Pre-K ☐ K-2 ☐ 3-5 ☐ 6-8 ☐ 9-12

Location Selection: Indicate your top three **preferences** for geographic area, not specific school site or community: **(1 = first choice; 2 = second choice; 3 = third choice)**

_____ South Mission Valley (Arlee, St. Ignatius)

_____ Charlo / Dixon

_____ Ronan / Pablo

_____ Polson area

_____ Rural schools (Dayton, Valley View) (Please identify _____)

_____ Other (Please identify _____)

Special Considerations: **List transportation availability, wheel chair accessibility, interpreters, guides, etc.**

_____

_____

_____

For office use only – check that each item is included in the application.

_____ Application/Information Sheet **with advisor signature** and completed Placement Request
_____ TEP Stage 1 completed… (TEP Stage 2 / Showcase must be completed prior to student teaching)
_____ Current Federal Background Check completed and cleared (must be current)
_____ First Aid / CPR certification (must be current)
_____ Resume - **3 copies**
_____ Philosophy of Teaching (or similar) Essay - **3 copies**

reviewer initials