

Teacher Standards and Practices Commission



250 Division St. NE
Salem, OR 97301
Voice (503) 378-3586

Email: Contact.TSPC@State.OR.US
Web Site: Oregon.gov/TSPC

Student Teaching or Practicum Report – Form PA-1

Each student teacher, intern, or candidate for final practicum in personnel service and school administration shall file with the Commission a registration form (PA-1). Read instructions carefully. Once complete, sign the application, attesting to the accuracy of information provided. **Providing false information on your application is grounds for the Commission to deny your application.**

Please write legibly and use **black or blue ink**. Please be sure to **provide your full legal name**.

Student Teacher or Practicum Applicant

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LAST NAME

FIRST NAME

MIDDLE NAME

PREVIOUS

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Current Mailing Address

Check this box if new address

City, State and Postal Code

()	()		Male <input type="checkbox"/> Female <input type="checkbox"/>
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Home/Cell phone number

Work phone number

Date of Birth

Gender

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Social Security Number

E-mail Address

As part of your application for an initial or renewed license or registration, you are required to provide your Social Security Number (SSN) for purposes of child support enforcement (ORS 25.785 and 42 USC § 666(a)(13)) and state income tax collection (ORS 305.385 and 42 USC § 405(c)(2)(C)(i)).

The Commission may also disclose your SSN to the interstate clearinghouse for educators if your Oregon license or registration is subject to discipline for unprofessional conduct (ORS 342.143 and 342.175 to 190).

Ethnic and Race Status: *(Optional-for statistical purposes only)*

1. Which race or ethnicity best describes you? (You may check more than one)
 American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino or other Spanish Origin Native Hawaiian or Other Pacific Islander
 Multi-ethnic White Other
2. If you checked above that you are an American Indian, please check here if you are a member of one of the nine recognized tribes in Oregon.

Timing of Experience

Please indicate the term and the year during which you plan to enter your first practicum, internship, or field experience:

Fall Winter Spring Summer Year

Program and School

Please place an (X) in the box next to the college or university you are attending or plan to attend:

- | | | |
|--|---|--|
| <input type="checkbox"/> Concordia University | <input type="checkbox"/> Multnomah Bible University | <input type="checkbox"/> University of Portland |
| <input type="checkbox"/> Corban University | <input type="checkbox"/> Northwest Christian University | <input type="checkbox"/> Warner Pacific College |
| <input type="checkbox"/> Eastern Oregon University | <input type="checkbox"/> Oregon State University | <input type="checkbox"/> Western Oregon University |
| <input type="checkbox"/> George Fox University | <input type="checkbox"/> Pacific University | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lewis & Clark College | <input type="checkbox"/> Portland State University | |
| <input type="checkbox"/> Linfield College | <input type="checkbox"/> Southern Oregon University | |
| <input type="checkbox"/> Marylhurst University | <input type="checkbox"/> University of Oregon | |

Educator Program

Please place an (X) in the box next to the educator program being completed:

- Initial I Teaching
- Adding Subject Area and/or Authorization Level
- Educational Leadership
- School Counselor
- School Psychologist
- School Social Worker
- Other _____

Authorization Levels and Endorsements Being Completed

Please place an (X) in the box or boxes for the authorization level(s) and endorsement(s) being completed:

A. Authorization Levels:

- Early Childhood Elementary Middle Level High School

Endorsements:

- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural Science & Tech. | <input type="checkbox"/> Health Education | <input type="checkbox"/> Middle School Science |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Integrated Science | <input type="checkbox"/> Middle School Social Studies |
| <input type="checkbox"/> Career & Technical Educ. | <input type="checkbox"/> Japanese | <input type="checkbox"/> Multiple Subjects |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Latin | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Early Intervention /Special Ed. | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Family & Consumer Sciences | <input type="checkbox"/> Math, Advanced | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Math, Basic | <input type="checkbox"/> Speech |
| <input type="checkbox"/> General Business Ed. | <input type="checkbox"/> Middle School Language Arts | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> German | | |

B. Authorization Levels for Specialty Endorsements:

- ECE/ELE ELE/ML ML/HS

Specialty Endorsements – All These Require Dual Authorization:

- | | | |
|---|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Music | <input type="checkbox"/> Reading |
| <input type="checkbox"/> ESOL | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> ESOL/Bilingual | <input type="checkbox"/> PE, Adapted | |

C. Authorization Level for All-Grade Endorsements:

- K-12

Endorsements Requiring K-12 (All-Grade) Authorization:

- Communication Disorders Library Media Visually Impaired

Character Questions

Please read all character questions carefully and read the “Instructions for Answering Character Questions” before answering. You *must* answer either “yes” or “no” to each of the following questions; any other response will result in your application being considered incomplete. All “yes” answers must be *fully* explained in writing on a separate piece of paper and the explanations must be signed and dated by you.

1. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct? Have you ever left educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent?	1.
2. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency?	2.
3. Have you ever been placed on leave by your employer for any alleged misconduct?	3.
4. Have you ever had any adverse action taken on a <i>professional</i> certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential?	4.
5. Have you ever been denied any professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct?	5.
6. Have you ever surrendered a professional license of any kind before its expiration?	6.
7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	7.
8. Have you ever been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	8.
9. Have you ever been arrested or cited for any offense listed in section (8) above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed.	9.
10. Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?	10.

Check here if you provided an explanation for any “yes” answer with a prior application.

Your Signature and the Date

Providing false information on your application is grounds for the Commission to deny or revoke permission for student teaching or final practicum.

I hereby certify that the information submitted on or relating to this form is true and correct and grant the Commission permission to check civil or criminal records to verify any statement made on this application. I also grant the Commission permission to release any information related to these character questions to educational institutions with which I am associated.

Signature of the Applicant*

Date*

***This application must be signed and dated within 60 days prior to the date the application is received by TSPC.**