



ELECTRONIC SUBMISSION PREFERRED
dammc@ripon.k12.wi.us

Christine Damm
Director of
Curriculum
PO Box 991
Ripon WI 54971-0991
920-748-4687
920-748-4666 (FAX)

Applicant's Name				e-mail			
Intended Certification							
Cooperating Teacher and/or position being requested for placement							
Last		First		Last		First	
School	Grade	Subject		School	Grade	Subject	
Date Range – From		To		Date Range – From		To	
College supervising student teaching							

Why do you want to student teach in the Ripon Area School District? (Maximum of 500 words.)

Identify three current research-based instructional practices that you believe are essential in a high-achieving learning environment. Describe how you intend to apply these practices in the classroom. (Maximum of 500 words.)

Attach an electronic document you will use to introduce yourself to the parents of your students or an autobiographical sketch.



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Applicant's Full Name				
Last	First	M.I.	Maiden or AKA	D.O.B.
Present Mailing Address				
		City	State	ZIP
Permanent Mailing Address				
		City	State	ZIP
Telephone Numbers				
Present	Cell		Work	
Social Security #	Driver's License #		State	
Residential History Since Age 18				
	City	State	ZIP	How Long?
	City	State	ZIP	How Long?
	City	State	ZIP	How Long?
	City	State	ZIP	How Long?
	City	State	ZIP	How Long?

Have you ever been convicted of a violation of law, including misdemeanors, other than a minor traffic violation?

Yes No If yes, explain.

Are any criminal charges or proceedings pending against you? Yes No If yes, explain.

My signature below authorizes the Ripon Area School district to conduct a background investigation and authorizes release of information in connection with my volunteer position. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Ripon Area School district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff information from the Central Criminal Records Exchange of either data on all criminal convictions, or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this form, or any supplement to it will be sufficient grounds for failure to deny me as a volunteer in the Ripon Area School district.

Date	Signature
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According to WIs. Statute 118.28 schools are required to have staff show proof of the ability to perform their assigned job responsibilities both for their safety and also for the safety of their charges. This includes a recent TB (tuberculin) test or a chest x-ray to verify their communicable disease status. Student teachers must submit proof of the TB test results with this form at least two weeks prior to the first day of student teaching.

TB test attached Ripon Area School District does not assume any of the cost of TB testing for student teachers.



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For office use only -	
<input type="checkbox"/> CD meets with applicant – discusses Teacher handbook Professional expectations Dress Meeting participation Parent/teacher conferences Date	<input type="checkbox"/> Teacher meets with applicant – minimum 2 hrs. Experience classroom atmosphere Observe instructional methodologies used Learn classroom expectations Build rapport with cooperating teacher Opportunity to ask questions Date
<input type="checkbox"/> Review student teacher application packet with principal and cooperating teacher.	
Cooperating Teacher Signature	
Principal Signature	
Curriculum Director Signature	
<input type="checkbox"/> Accept <input type="checkbox"/> Deny	
<input type="checkbox"/> Letter Sent to Applicant	Date
<input type="checkbox"/> Letter Sent to College Placement Office	Date