



# Student Teacher Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ UO I.D. # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Message Ph: \_\_\_\_\_ Email: \_\_\_\_\_

(Students not currently employed by VOCDC, please attach completed Teacher Aide application)

Do you have: First Aid training  No  Yes, expires on \_\_\_\_\_  
 CPR training (hands-on pediatric)  No  Yes, expires on \_\_\_\_\_  
 Food Handler's card (Oregon)  No  Yes, expires on \_\_\_\_\_  
 Child Abuse & Neglect Training  No  Yes Date: \_\_\_\_\_  
 Blood Borne Pathogens Training  No  Yes Date: \_\_\_\_\_  
 Child Health and Safety training  No  Yes, dated: \_\_\_\_\_

**Application is for the following program(s):**

Infant/Toddler  Preschool, Pre-K  School age

\_\_\_\_ I have worked in the \_\_\_\_\_ program: from \_\_\_\_\_ to \_\_\_\_\_ (dates) for an average of \_\_\_\_\_ hours per week. (Business manager verification of hours: \_\_\_\_\_.)

\_\_\_\_ I have met with my supervising teacher to discuss and evaluate my work.

What are your strengths in the classroom?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What skills are you still developing?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (current employees) Attach a copy of your current evaluation indicating a recommendation for promotion.
- (current employees) Submit a current copy of your transcript with your name printed on it.
- Submit a Transcript Consent to Release Form
- Submit Child Health & Safety Training Certificate with application.
- In OR Step Registry?
  - No Read the NAEYC Code of Ethical Conduct, submit Oregon Step Registry Application
  - Yes Step \_\_\_\_\_. Date: \_\_\_\_\_ Resubmit OR Step Registry Application to reassess Step if it has been 6 months+ since initial step assignment.

The assistant director will review application and contact you for a meeting. Promotions typically are completed between pay periods (by the 11<sup>th</sup> of each month).

**Related Work Experience:**

Please list all work used to qualify for student teacher position. **DO NOT** include experience as a scout leader, coaching or Sunday school teacher. Attach verifying documentation if available.

<b>Job 1</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 2</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 3</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		

<b>Job 4</b>		
Place of employment	Dates of employment	Hours per week
Supervisor's name and phone number	Ages of children you worked with	
Description of duties		