

Prairie View A&M University  
Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
**CLINICAL TEACHING CHECKLIST**

NAME: \_\_\_\_\_

LAST 3 DIGITS OF STUDENT ID: \_\_\_\_\_

To clinical teach, the following information must be submitted to the Clinical Experiences Office on or before _____.		YES	NO	COMMENTS
1.	Copy of Driver's License ( <b>FRONT and BACK</b> )			
2.	Student Teaching Application ( <b>Must be TYPED and SIGNED</b> )			
3.	Banner Registration Form: <b>Advisor signature</b> indicating correct student teaching course(s) per degree plan.			
4.	Completed Degree Plan to include grades received and semesters taken (EX: Fall 2011) <b>Signed by Advisor. OVERALL GPA <math>\geq</math> 2.75</b>			
5.	Degree Program Approval Form ( <b>Signed by Advisor and Dept. Head</b> ) to include your GPA for each program area.			
6.	Copy of CUI 3003, 3013, 4103, and 4113 Validation forms with corresponding logs for required field experiences.			
7.	Documentation that <b>TEExES Representative content examination</b> has been taken and passed with a score of $\geq$ 90%.			
8.	Documentation that TEExES Preparation Review Hours ( <b>minimum of 6 hrs for content. Signed by TEExES Coordinator</b> )			
9.	Documentation that <b>Certify Teacher content examination</b> has been taken and passed with a score of $\geq$ 290. ( <i>Random Mode</i> )			
10.	Documentation that <b>official TEExES Content exam</b> has been taken and passed with a score of $\geq$ 240.			
11.	Documentation that <b>TEExES Representative Pedagogy (PPR) examination</b> has been taken and passed with a score of $\geq$ 90%.			
12.	Documentation that TEExES Preparation Review Hours ( <b>minimum of 6 hrs for PPR. Signed by TEExES Coordinator</b> )			
13.	Documentation that <b>Certify Teacher pedagogy (PPR) examination</b> has been taken and passed with a score of $\geq$ 290. ( <i>Random Mode</i> )			
14.	Copy of Professional Resume.			
15.	Copy of TB test results ( <b>No more than one year old</b> ).			
16.	Printout of successful completion of <b>online</b> Graduation Application <b>signed by Advisor</b> .			
17.	Criminal History Form for school district where clinical teaching will take place. ( <b>Usually located on school district Human Resource webpage</b> )			

**NOTE: Interdisciplinary Studies majors** - Please verify with the Curriculum and Instruction department that your Admission to Teacher Education Letter and **all** substitution forms are in your file.

**NOTE: All Secondary majors** - Please provide copies of all Substitution forms from your department along with this packet and verify with the Curriculum and Instruction department that a copy of your Admission to Teacher Education letter is in your file.

**FOR OFFICE USE ONLY:**

Verification of Admissions to Teacher Education letter and Substitution forms: **(please initial below)**

Letter \_\_\_\_\_

Substitutions \_\_\_\_\_