

# Clinical Teaching at Tarleton State University



## Tarleton Model for Accelerated Teacher Education

These forms, as well as other valuable information, are located at the following website:

[www.tarleton.edu/tmate/](http://www.tarleton.edu/tmate/)

TMATE Office: 817.717-3690  
Director, Dr. Laura Estes  
Hickman Bldg., Suite 313

## Instructions to Apply for TMATE Clinical Teaching

The following items should be submitted to the TMATE Office, located in Suite 313 of the Hickman Building or mailed to 6777 Camp Bowie Blvd., Suite 313, Fort Worth, TX 76116

All forms are located at <http://www.tarleton.edu/tmate>

Number of Copies	Document Name	Notes
1	Application for Clinical Teaching	Must be typed and signed.
1	Clinical Teaching Location Form	Must be typed and is confidential information. A clinical teacher is not assigned to a school that he or she has attended, to a school where he or she is or has been employed, or to a school where there are close social or family ties. (for example, family member teaching in, working in or attending the school; or close friends in a position in the school that might cause undue influence on the clinical teaching experience).
1	Resume	Must be typed. Using the "Clinical Teaching Resume Format," create your personal resume for placement. Public school supervisors and principals will read these carefully before they decide to accept or reject placement. There should be no errors in this document.
1	Criminal History Background Check Consent Form	Must be signed and dated.
1	DPS Computerized Criminal History Verification	Print name, sign and date only.
1	Clinical Teaching Interview Preliminary Questionnaire	Must be typed and is confidential information.
1	Copy of Driver's License	Legible copy.
	Picture	Taken when you submit your application or at interview depending on student's location. (for TMATE office only.)

\*Note: All changes in address, telephone number or other plans for clinical teaching must be reported immediately to the Director of TMATE.

## Application for TMATE Clinical Teaching

<b>Date:</b>
<b>Name:</b>
<b>E-mail:</b>
<b>Phone:</b>
<b>Alternate Phone:</b>
<b>Address:</b>
<b>City, State, Zip:</b>
<b>Semester for full-day clinical teaching:</b>

**Please designate the fields in which you are seeking certification:**

<b>Certification Area:</b>
<b>Additional Certification Area:</b>

<b>Do you speak a foreign language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)
<b>Other skills and/or comments:</b>

I understand that my signature below signifies that I will no longer seek full-time employment in a district. I am committed to being a clinical teacher and will fulfill my agreement with Tarleton and my sponsoring district.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application packet as soon as possible to:**

**Tarleton-TMATE  
6777 Camp Bowie Blvd., Suite 313  
Box T-0008  
Fort Worth, TX 76116**

## Clinical Teaching Location Form

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	
<b>City, State, Zip:</b>	

**Please designate the fields in which you are seeking certification:**

<b>Certification Area:</b>
<b>Additional Certification Area:</b>

Clinical teachers are asked not to request changes to their placements after submitting their applications. It is a lengthy process and unless a placement would prevent a student from being certified, the TMATE Office and school districts are reluctant to make changes.

A clinical teacher is NOT assigned to a school that he or she has attended, to a school where he or she is or has been employed, or to a school where there are close social or family ties (for example, family member teaching in, working in, or attending the school; or close friends in a position in the school that might cause undue influence on the clinical teaching experience).

**Please choose 3 school districts from the list on the following page and list them in order of preference.**

Preference	School District
<b>1</b>	
<b>2</b>	
<b>3</b>	

**Please identify grade levels you prefer for your certification placement(s):**

**EC-6:** (A)  PK  K  1 **AND** (B)  2  3  4  5  6

**4-8:** (A)  4  5  6 **AND** (B)  7  8

**All-Level Special Education;** (Type and Age Level): \_\_\_\_\_

**7-12**  7  8  9  10  11  12

**All-Level (Art, Music, PE, Spanish):**  (A) Elem and (B) MS/JRHS **OR**  (A) Elem and (B) HS

## Participating School Districts

**T** Alvarado

**T** Brock

**T** Burleson

**T** China Springs

**T** Cleburne

**T** Clifton

**T** Comanche

**T** Crowley

**T** DeLeon

**T** Dublin

**T** Eagle Mountain-Saginaw

**T** Eastland

**T** Everman

**T** Fort Worth

**T** Glen Rose

**T** Godley

**T** Graham

**T** Granbury

**T** Grapevine-Colleyville

**T** Hico

**T** Lingleville

**T** Mansfield

**T** Millsap

**T** Mineral Wells

**T** Morgan Mill

**T** Peaster

**T** Santo

**T** Springtown

**T** Stephenville

**T** Three Way

**T** Tolar

**T** Weatherford

**T** Waco

**Please create a resume that contains all of the following information. You may include additional information. Please be sure to include the paragraph at the bottom of this page and sign your clinical teaching resume.**

**Required Items:**

Name

Address

Telephone Number(s)

E-Mail Address

Certification Area

Undergraduate Degree Info (Name of Institution, Date, Type of Degree and Subject)

Undergraduate Degree GPA

High School

Middle School

Elementary School

Pre-Service Teaching Experience

(Example: TMATE Adventures in Learning Program at Tarleton State University – 20 hours – Summer '09; Afterschool math tutor – Grandview ISD – 25 hours – Fall '09; Vacation Bible School teacher – 10 hours – Summer '08)

Previous Work Experience

Honors and Awards

Hobbies and Interests

**This paragraph (in size 8 font) must be included on your clinical teaching resume:**

Placement Policy: A clinical teacher is NOT assigned to a school that he or she has attended, to a school where he or she is or has been employed, or to a school where there are close social or family ties. (for example, family member teaching in, working in, or attending the school; or close friends in a position in the school that might cause undue influence on the clinical teaching experience).

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Signature of Clinical Teacher

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Date

*Suzy Student*

900 West Street Street  
Stephenville, TX 76401  
(254)555-5555

[suzy.student@go.tarleton.edu](mailto:suzy.student@go.tarleton.edu)

Permanent Address: 123 County Road 456  
Comanche, TX 76442

Permanent Phone: (123)456-7890

Education: Tarleton State University  
Major: Interdisciplinary Studies, EC-6 Generalist w/ESL  
Major GPA: 3.26  
Overall GPA: 3.05  
Academic Advisor: Dr. Holly Lamb

High School: Comanche High School  
Middle School: Granbury Middle School  
Elementary School: Nettie Baccus Elementary, Granbury, TX

Pre-Service: PDI tutored 10 hours at Dublin Elementary, Dublin ISD  
Teaching Experience: PDII assisted for 20 hours and taught 1 lesson at Travis Elementary, Mineral Wells ISD  
Survey of Exceptional Learners assisted 15 hours at DeLeon Elementary, DeLeon ISD  
Reading, Assessment and Instruction assisted 10 hours with two 5<sup>th</sup> graders at Gilbert Intermediate, Stephenville ISD  
Adaptive, Corrective and Developmental Exercise assisted 10 hours at Chamberlin Elementary, Stephenville ISD

Clubs and Offices Held: Tarleton State University: Tarleton Professional Educators – Secretary, Freshman Representative Council – Member, Kappa Delta Pi – Member  
Comanche High School: National Honor Society, Marching Band, Jazz Band, Varsity Basketball and Cross Country Team Member  
Community: Girl Scout Assistant Leader, Relay for Life – participant, Habitat for Humanity

Awards and Honors: Tarleton State University: Presidential Honors Scholarship, Distinguished Student  
Comanche High School: Sherrye Moore Scholarship Award, “A” Honor Roll, National Honor Society, Who’s Who in American High Schools, All-District Basketball Team member

Hobbies and Interests: Reading, watching movies, riding horses and camping with my family

Work Experience: Mi Familia Restaurant, Stephenville, TX (2 years)  
Comanche Bank, Comanche, TX (1.5 years)

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Signature

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Date

**Clinical Teaching Interview  
Preliminary Questionnaire**

<b>1. Please share why you are choosing to become a teacher.</b>
<b>2. Please share about growing up in your family and in your hometown.</b>
<b>3. Who is the one teacher in your life that you would most like to emulate and why?</b>
<b>4. Describe a lesson learned from your previous field experiences.</b>
<b>5. How do you demonstrate professionalism on a daily basis?</b>



## CRIMINAL HISTORY BACKGROUND CHECK CONSENT FORM

Texas public schools are permitted by state law to obtain criminal history records of all personnel employed or involved in volunteer services in the public schools (Texas Education Code Section 22.083). The information requested below is necessary to obtain criminal history record information. I understand the information I am providing about age, sex, and ethnicity will be used only for the purpose of obtaining criminal record information.

<b>Name:</b>		
<b>Permanent Address:</b>		
<b>City, State, Zip:</b>		
<b>Permanent Phone:</b>	<b>Local Phone:</b>	
<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Driver's License #:</b>	<b>State:</b>	<b>Expires:</b>

**Sex:**  Male  Female

**Ethnicity:**  Native American  
 Asian American  
 Hispanic  
 Black  
 White  
 Other

I understand the purpose for providing the above information. I authorize Tarleton State University to release this information to the necessary school districts in order for them to complete a criminal history background check.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal  
APPLICANT or EMPLOYEE NAME (Please print)  
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety  
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hired _____	Not Hired _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		

**NOTE:** Please include a copy of your driver's license. Many school districts are now requiring Tarleton State University to submit a copy of this with your criminal background consent form.

Please ensure that it is legible.