To be completed by the student:

Name _____________________________ Student Teaching Semester _______ 20____

Advisor _____________________________________________________________

Local Address _______________________________________________________

Telephone _____________________ (home) ____________________________ (cell)

Email________________________________________

To be completed by the advisor:

Checklist of Basic Requirements (please initial to show completion of each requirement)

_______ GPA of at least 2.5. Overall GPA ______________________as of ________________ date of transcript

_______ All prerequisite coursework is completed

________ General Education Requirements

________ Major Courses

________ Secondary Education Sequence

________ ESOL Endorsement

Advisor’s signature indicates s/he has completed this checklist.

Advisor’s Signature __________________________________________ Date________________

To be completed by the Director of Field Internships

Checklist of Florida’s Department of Education requirements:

_______ Admission to Teacher Education on file (1S)

_______ Testing Requirements

Completed: Scheduled:

_____ GK (General Knowledge) __________________________

_____ PED (Professional Educational Exam) __________________________

_____ SAE (Subject Area Exam) __________________________

Recommendations froms (3): □ __________________□ ________________ □ ________________

Approval to student teach □ Granted □ Denied

Director of Field Internships __________________________ Date__________________

Appeals: A review committee may be formed if circumstances requiring deviation from the above standards is requested by the student or if a student is denied admission and wishes to appeal the decision. If it is necessary to review an admission, the following signature will be required.

Director of Student Teaching __________________________ Department Chair __________________________ Director of Teacher Education __________________________
**Secondary Education Minor**  
Approval to Student Teach

Name __________________________________________________________

**Directions:** complete this form using your transcript. Your advisor **must** approve it.

### Professional Education Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDU 271 School and Society *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 272 Educational Psychology</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 324 Curriculum and Educational Assessment for Diverse Learners *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 280 Diversity in American Education *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>HIS _____ American History</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>MAT ____ College Math Course</td>
<td>___________</td>
<td>________</td>
</tr>
</tbody>
</table>

### Specialization Requirements: Secondary

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDU 335 Content Area Reading in Secondary Schools *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 407 Instructional Strategies and Classroom Management in Diverse Secondary Schools *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 417 Teaching (Particular Subject) in Secondary Schools *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EDU 417L Teaching (Particular Subject in Middle And Secondary School Lab *</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EED 319 Integrated Arts in the Elementary Schools (Music Majors Only)</td>
<td>___________</td>
<td>________</td>
</tr>
<tr>
<td>EED 355 Teaching (Foreign Language) in the Elementary Schools (French and Spanish Majors Only)</td>
<td>___________</td>
<td>________</td>
</tr>
</tbody>
</table>

**ESOL courses are designated by * **

Course(s) needed with Student Teaching (strongly discouraged):  
____________________________________________  _________  ________  

Course(s) needed after Student Teaching:  
____________________________________________  _________  ________  

Student Signature ___________________________________________ Date ______________________

Advisor Signature ___________________________________________ Date ______________________