## **EDUCATION 115 STUDENT INFORMATION SHEET** STUDENT NAME (FIRST LAST) AC ID# BIRTHDATE (MM/DD/YEAR) **CURRENT CLASSIFICATION** AC SUITE # CELL PHONE # @austincollege.edu AC EMAIL AC MENTOR AUSTIN COLLEGE MAJOR **AUSTIN COLLEGE MINOR** ANTICIPATED B.A. DATE (M/YEAR) STATEMENT OF INTENTION I AM TAKING THIS COURSE (please check all that apply): 1. for my Applied Learning/Social Science requirement 2. in anticipation of seeking an Education MINOR (no graduate program) 3. in anticipation of being a future educator through the ATP If you selected boxes 2 or 3, please consider your interests regarding grade level(s) and certification field(s) and check all that apply: **EC-6** Generalist (Elementary) 6-12 Physical Science Grades 7-12 Grades 4-8 English, Language Arts, and Reading (ELAR) English, Language Arts, and Reading (ELAR) **ELAR/Social Studies** History Mathematics **Mathematics** Science Life Science **Social Studies** Mathematics/Physics All Level (EC-12) Spanish Art Music Theater **Physical Education**

Health Release	
Students recommended for certification, must be of sound physical, mental, and emotional health. Do you have any physical or mental (emotional or psychological) problems, which could interfere with your ability to teach?	
NO YES If yes, please explain:	
I certify that the above information is an accurate statement of my physical, mental, and emotional health as related to my preparation for becoming a teacher.	
SIGNATURE	DATE (MM/DD/YEAR)
Background Check Information (§249.16)	
I,	
SIGNATURE	DATE (MM/DD/YEAR)
Educators Code of Ethics (§247)	
I,, have read the <u>"Code of Ethics and Standards Practices for Texas Educators"</u> as established by the State Board of Educator Certification and agree to abide by this code as a	
pre-professional educator and/or student observer in classrooms.	
SIGNATURE	DATE (MM/DD/YEAR)
FERPA: Consent to Release Educational Records & Information	
I give my consent to the Austin Teacher Program to disclose my student records information relating to any of my field-based experiences as it is appropriate for conversing and reviewing performance, acquiring feedback, or procuring required signatures. This information may be shared with (I) School districts or other agencies associated with field-based experiences; (2) School-based/Agency-based administrators or cooperating teachers/mentors; (3) ATP program faculty.  I understand that under the Family Educational Rights and Privacy Act of 1974 no disclosure of my records can be made without my written consent unless otherwise provided for in the legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the Austin Teacher Program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including clinical teaching, student teaching, or internship.	
SIGNATURE	DATE (MM/DD/YEAR)
<del></del>	V