

**University of Arkansas**  
**College of Education and Health Professions**  
**Evaluation for Early Childhood Student Teaching**

**For the University of Arkansas students housed on the NWACC campus in Rogers, AR**

***DUE TO THE COORDINATOR OF TEACHER EDUCATION (Kathy Malstrom), PEABODY HALL RM 117,  
BY OCTOBER 1<sup>st</sup> PRIOR TO YOUR FALL STUDENT TEACHING***

Please type or print

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently a recipient of a Uof A scholarship? \_\_\_yes \_\_\_no

Name of Scholarship: \_\_\_\_\_

Expected date of undergraduate graduation: \_\_\_\_\_

Initial Licensure Area:

\_\_\_\_\_ Early Childhood Education, P-4

I understand that all requirements listed below must be met. I must notify the Coordinator of Teacher Education of the successful completion of these requirements. Failure to do so will prohibit or delay me from being placed in a school/district for the student teaching.

\_\_\_\_\_  
Student's signature Date

**Section II. Student Teaching Requirements - (To be checked by the Coordinator of Teacher Education)**

1. Met minimum Praxis I scores: Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

Highlighted items are those requirements not yet met. The **student is responsible for submitting documentation of completion of highlighted items** to the Coordinator of Teacher Education, room 117 Peabody Hall, Fayetteville, AR. Once completed, the student will be cleared for student teaching.

**Student Has Been Screened For Student Teaching**

\_\_\_\_\_  
Coordinator of Teacher Education Date

**Section III. Student Teaching Clearance**

The student has presented proof of completion of the above items and has been cleared to begin their student teaching.

\_\_\_\_\_  
Coordinator of Teacher Education Date