Clearance Card Request Form (Sample)

Fingerprinting and Security Clearance

Select one option. Each option is written as text so it can be read in order by assistive technology.

( ) First request: I would like to request a Security Clearance Card. I understand I must get fingerprinted by M-DCPS before submitting this request.

( ) Expired card: My Security Clearance Card is expired after five years, and I would like to renew it. I understand I must get re-fingerprinted by M-DCPS before submitting this request.

( ) Replacement card: I would like to replace my Security Clearance Card because it was lost or damaged and is not expired.

( ) M-DCPS employee: I am an M-DCPS employee and have already been fingerprinted and cleared. I understand I will have to provide my M-DCPS employee number so MDC may verify my clearance.

( ) Transfer student: I am a transfer student from another institution within Miami-Dade County, and I have already been fingerprinted and cleared by M-DCPS.

Last name

_____

First name

_____

MDC Student ID number

_____

Social Security number, last four digits

_____

MDC student email address (required)

_____

Miami-Dade County Public Schools Service Provider Input Document

MDC Student ID number (required)	**Social Security number**	**Last name**
First name	**Middle initial**	**Also known as (AKA)**
Sex	**EEO**	**Birth date**
Permanent address	**City**	**State**
ZIP code	**Phone number**	**Date**

To the Office of Fingerprinting:

I request that the above-mentioned person be fingerprinted to provide services to students as a School of Education Academic Service-Learning or Clinical Experience participant and/or Educator Preparation Institute participant, including coach, outreach support, intern, or agency employee.

Name typed

_____

Signature

_____

School or office

_____

Printed name in source document: Dr. Carmen Concepcion.

Miami Dade College | School of Education

Fingerprinting and Security Clearance

School of Education Service Hours Timesheet

EngageMDC: https://engage.mdc.edu

Student name	**Student email**
Student phone	**Student MDC ID number**
Course and MDC professor name	**Name and address of service site**
Service site supervisor name (required)	**Site supervisor email and phone (required)**

Print and use this timesheet to track your hours each time you serve. Upon completing your hours, enter them in EngageMDC and attach this timesheet as proof of service with your Site Approval Form.

Date	Time in	Time out	Hours served	Student signature	Supervisor signature

Note: The service-site supervisor or the person listed as the verifier is responsible for verifying your impacts. If verification is delayed, ask that person to look for an email from EngageMDC at notification@givepulse.com and to check junk or spam folders.

Miami Dade College | School of Education

Academic Service-Learning

Academic Service-Learning Site Approval Form

Submit within the first two weeks of the term to your professor. Upload it with your timesheet in EngageMDC at the end of the term.

Student name and ID number

_____

Course name and reference number

_____

MDC professor signature of approval

_____

Required number of hours

_____

School or community site

_____

School administrative or volunteer coordinator name

_____

School administrative or volunteer coordinator email

_____

School administrative or volunteer coordinator signature

_____

Teacher name and grade level or age group

_____

Teacher email

_____

Teacher signature

_____

Expectations of the MDC student while completing Service-Learning hours

Expectation 1

_____

Expectation 2

_____

Expectation 3

_____

Employment Verification Form

Only for Early Childhood Education students working at early learning centers

Student information

Student name, first and last	**Student ID number**	**Address, including street, city, state, and ZIP code**
Home phone	**Cell phone**	**MDC email address**
Course name or code	**Reference number**	**School of Education instructor name**

Center information

School name	**School address**	**Administrator name**
Position	**Email address**	**School phone**
Grade levels		

Employment verification approval

Name of director, principal, or program coordinator: I verify that the person identified above is employed in this school, works directly with children, and has successfully completed a Level II background check.

Director or principal signature

_____

Date

_____

School of Education instructor signature

_____

Date

_____

Note: If you must leave your classroom to complete your hours, even at your employment site, complete the Clinical Experience forms rather than this employment verification form.

Clinical Experience Placement Form

Directions: To be officially placed in a school, the teacher candidate should complete this form and request approval and signatures from the School of Education instructor and school administrator. At the end of the semester, scan and submit the signed hard copy to the course instructor.

Student information

Student name, first and last	**Address, including street, city, state, and ZIP code**
Student ID number	**Major**
Home phone	**Cell phone**
MDC email address	**Course name or code**
Reference number	**School of Education instructor name**

Number and type of Clinical Experience hours. Check all that apply. G means guided hours without observations by the School of Education instructor. O means observations are required by the instructor.

( ) 5 G

( ) 5 O

( ) 7 O

( ) 8 O

( ) 10 G

( ) 10 O

( ) 15 G

( ) 15 O

( ) 20 O

( ) 60 O

( ) Other

Center or school information

School name	**School address**
Administrator in charge of placements	**Position**
Email address	**School phone**
Mentor teacher name	**Mentor teacher email address**

Age group or grade levels

Infants or toddlers	**Preschool**
Kindergarten through grade 3	**Elementary**
Middle	**High**

Title I school. Select one: ( ) Yes, at least 40 percent free or reduced lunch. ( ) No, less than 40 percent free or reduced lunch.

Percentage of Limited English Proficient or English Language Learner students

_____

Ethnic composition. Refer to the M-DCPS demographic report.

Percent White	**Percent Black**	**Percent Hispanic**

School placement approval

School of Education instructor signature	**Date**
Administrator signature	**Date**

Clinical Experience Site Log

Teacher candidate name	**MDC ID number**
Course ID number	**Course reference number**
School of Education instructor	**Term and year**
Clinical Experience school	**Mentor teacher**

Log the date and obtain the mentor teacher signature after each Clinical Experience visit to verify attendance. Provide the mentor teacher and course instructor with copies of the log when the required hours are completed. Keep the original log until graduation. Use blue ink to complete this form.

Date	Time in	Time out	Total hours	Teacher candidate initials	Mentor teacher signature

Date	Time in	Time out	Total hours	Teacher candidate initials	Mentor teacher signature

Total hours

_____

Mentor teacher signature

_____

Date

_____

Clinical Experience Evaluation Form

For mentor teacher use only. Due upon completion of clinical hours.

Directions: The mentor teacher uses this form to evaluate the teacher candidate's performance during Clinical Experience hours. At the end of the semester, scan and submit the signed hard copy to the course instructor.

Teacher candidate name	**MDC ID number**	**Observer or mentor teacher**
School name	**Class subject**	**Grade level**
School of Education course	**School of Education instructor**	**Term and year**

Description of behavior observed	**Yes**	**No**
Participates in Clinical Experience regularly	( )	( )
Exhibits professional demeanor	( )	( )
Communicates in advance with the mentor teacher about assignments to be completed	( )	( )
Is punctual	( )	( )
Uses correct oral and written English	( )	( )
Redirects student behavior when necessary	( )	( )
Works with students whenever possible	( )	( )
Takes initiative in the classroom	( )	( )
Circulates throughout the classroom to assist students	( )	( )

Main areas of strength

_____

_____

Areas where improvement is needed

_____

_____

Mentor teacher signature	**Date**
Teacher candidate signature	**Date**
School of Education instructor signature	**Date**

Clinical Employment Verification Form

Only for Early Childhood Education students working at early learning centers

Student information

Student name, first and last	**Student ID number**	**Address, including street, city, state, and ZIP code**
Home phone	**Cell phone**	**MDC email address**
Course name or code	**Reference number**	**School of Education instructor name**

Center information

School name	**School address**	**Administrator name**
Position	**Email address**	**School phone**
Grade levels		

Employment verification approval

Name of director, principal, or program coordinator: I verify that the person identified above is employed in this school, works directly with children, and has successfully completed a Level II background check.

Director or principal signature	**Date**
School of Education instructor signature	**Date**

Note: If you must leave your classroom to complete your hours, even at your employment site, complete the Clinical Experience forms rather than this employment verification form.

Office of Student Teaching and Clinical Experience Internship Sign-In Sheet

Intern name	**MDC ID number**
Course ID numbers	**Course reference numbers**
School of Education instructors	**Term and year**
Internship site	**Mentor teacher**

Log the date and time of each clinical internship site visit and have the mentor teacher sign after each visit to verify attendance. Give the mentor teacher a copy of this log and the instructor the original on the last day of internship. Use blue ink only.

Date	Time in	Time out	Total hours	Mentor teacher signature

Date	Time in	Time out	Total hours	Mentor teacher signature

Total hours completed

_____

Mentor teacher signature

_____

Date

_____

Miami Dade College and M-DCPS Teacher Resident Acknowledgement Form

Teacher resident name

_____

Teacher resident email address

_____

Teacher resident phone number

_____

Assigned residency school site

_____

Site administrator overseeing teacher resident

_____

Mentor teacher

_____

Employee number

_____

M-DCPS email address

_____

Teaching assignment

_____

As a Teacher Resident, I agree to:

- Participate in the MDC/M-DCPS Teacher Residency Program and attend activities described in the MDC Teacher Resident/M-DCPS Support Plan.
- Sign the Teacher Resident Agreement and commit to the Teacher Residency requirements with M-DCPS and Miami Dade College. Teacher Residents will work with their mentor teacher in a mentor and mentee collaboration for an additional hour each week, for 12 hours of support collaboration during the 12-week program.
- Complete the full school year of the residency placement.
- Provide an email address and regularly review correspondence from the New Teacher Support and Resident Support Team.
- Attend New Teacher Orientation hosted by the M-DCPS Resident Support Team and New Teacher Support Team.
- Attend two Teacher Resident Zoom support sessions.
- Attend a personalized one-on-one Zoom session by appointment during weeks 6 through 8 of the residency.
- Comply with all M-DCPS employee requirements and expectations of professionalism and decorum.
- Be present and on time every day, including planning and professional development days.
- Arrange for expected absences. In an emergency, immediately notify the mentor teacher and MDC School of Education faculty supervisor.

- Be punctual and dependable. The workday is 7.5 hours. Report on time, leave only when the school day is complete, and prepare well in advance.
- Maintain confidentiality concerning the school, faculty, staff, students, and families. Discuss student issues only in the context of assisting the student.
- Read and understand the Florida Code of Ethics and Principles of Professional Conduct of the Education Profession in Florida. Early Childhood Education majors must also read and understand the NAEYC Code of Ethical Conduct. Adhere to these codes at all times.
- Respect the mentor teacher, seek constructive feedback, show receptiveness, and complete assigned work to the best of my ability.
- Schedule personal activities outside the school day. Do not use cell phones during teaching time. Appointments after school hours are not excused absences.
- Display initiative by being proactive in lesson planning, meeting timelines, and acting on recommendations for improvement.
- Dedicate myself to the Teacher Residency Program.
- Abide by school rules applicable to students, teachers, and staff, and serve as a role model.
- Become an active member of the school community by following the Professional Code of Ethics, dressing and acting professionally, volunteering, assisting, and becoming an integral part of the school.
- Be present. Absences are limited to emergencies and must be made up before the semester ends. Contact the mentor teacher and MDC School of Education faculty supervisor as soon as an absence is known. Prepare substitute lesson plans. If more than one internship day is missed, immediately inform the Director of Student Teaching and Clinical Experience. A conference will then be held by the clinical team.

Maintain professional demeanor and attire

Teacher Residents must present themselves professionally, wear the MDC School of Education identification badge, carry the clearance card while in schools, be punctual and dependable, and be familiar with the school employee and parent handbook.

Teacher Resident job tasks and responsibilities

- Instruct students using teaching methods that include lectures and demonstrations.
- Prepare course objectives and a course-of-study outline following curriculum guidelines.
- Assign lessons; assess student progress, including homework; and hear presentations.
- Prepare and administer tests, record results, issue progress reports to parents, and assign final grades.
- Maintain attendance and grade records as required by the school.
- Counsel pupils when adjustment and academic problems arise.
- Maintain classroom discipline.
- Meet with parents to discuss academic, social, and behavioral progress.
- Participate in faculty and professional meetings, educational conferences, and in-service classes.
- Fulfill attendance requirements determined by the residency program.
- Agree to observation and feedback cycles required by the program.
- Meet regularly with the mentor teacher to develop teaching skills and receive feedback.
- Perform related work assigned by the supervising administrator or designee.
- Perform responsibilities assigned to classroom teachers.

Physical requirements

This is light work requiring mobility, reaching, sitting, finger dexterity, lifting, grasping, repetitive motions, talking, hearing, and visual acuity.

Minimum qualification requirements

Internship eligible after completing coursework leading to a degree.

Acknowledgement

I acknowledge that if I do not complete the requirements for conferral of my degree, I cannot be hired as a full-time teacher upon completion of the Teacher Residency Program.

Teacher resident first and last name

_____

Name of school

_____

Signature

_____

Date

_____

Miami-Dade County Public Schools and Miami Dade College Teacher Apprentice Acknowledgement Form

Teacher apprentice name

_____

Teacher apprentice email address

_____

Teacher apprentice phone number

_____

Assigned apprentice school site

_____

Site administrator overseeing teacher apprentice

_____

Teacher apprentice mentor

_____

Employee number

_____

M-DCPS email address

_____

Teaching assignment

_____

As a Teacher Apprentice, I agree to:

- Participate in the two-year M-DCPS/MDC Teacher Apprentice Program and attend activities in the MDC Teacher Apprentice M-DCPS Support Plan.
- Sign the Teacher Apprentice Agreement and commit to M-DCPS/MDC and Miami Dade College requirements.
- Provide an email address and regularly review correspondence from MDC and M-DCPS.
- Attend all Teacher Apprentice support sessions and comply with M-DCPS employee requirements and expectations of professionalism and decorum.
- Be present and on time every day, including planning and professional learning days. Arrange for expected absences. In an emergency, notify appropriate school personnel and the Teacher Apprentice Mentor.
- Be punctual and dependable. The workday is 7.5 hours. Report on time and leave after the school day concludes.
- Maintain confidentiality concerning the school, faculty, staff, students, and families. Discuss student issues only in the context of assisting the student.
- Read and understand the Florida Code of Ethics and Principles of Professional Conduct of the Education Profession in Florida. Early Childhood Education majors must also read and understand the NAEYC Code of Ethical Conduct. Adhere to these codes.

- Respect the Teacher Apprentice Mentor, seek constructive feedback, demonstrate receptiveness, accept assignments, and complete them to the best of my ability.
- Display initiative in lesson planning, meeting timelines for reports and progress checks, and acting on recommendations for improvement.
- Dedicate myself to the Teacher Apprentice Program.
- Abide by school rules applicable to students, teachers, and staff, and serve as a role model.
- Become an active member of the school community by following the Professional Code of Ethics, dressing and acting professionally, volunteering, assisting, and becoming an integral part of the school.
- Be present. Consistent attendance provides opportunities to practice the craft, create classroom structures, and build positive relationships with students and the school community.

Maintain professional demeanor and attire

Teacher Apprentices must present themselves professionally, wear the school identification badge, be punctual and dependable, and be familiar with the school employee and parent handbook.

Teacher Apprentice job tasks and responsibilities

- Instruct students using teaching methods that include lectures and demonstrations.
- Prepare course objectives and a course-of-study outline following curriculum guidelines.
- Assign lessons; assess student progress, including homework; hear presentations; prepare and administer tests; record results; issue progress reports to parents; and assign final grades.
- Maintain attendance and grade records as required by the school.
- Counsel students when adjustment and academic problems arise.
- Maintain classroom discipline.
- Meet with parents to discuss academic, social, and behavioral progress.
- Participate in faculty and professional meetings, educational conferences, and in-service classes.
- Meet regularly with the mentor teacher to develop teaching skills and receive feedback.
- Perform related work assigned by the supervising administrator or designee.
- Perform responsibilities assigned to classroom teachers.

Physical requirements

This is light work requiring mobility, reaching, sitting, finger dexterity, lifting, grasping, repetitive motions, talking, hearing, and visual acuity.

Acknowledgement

I acknowledge that I have read this document.

Teacher apprentice first and last name

Name of school

Signature

Date

Teacher Apprenticeship Baccalaureate Program Acknowledgement Form

Initial next to each item and sign at the bottom to indicate understanding and agreement. I understand that acceptance into the program is based on the following conditions:

Initials: _____ I have completed my associate degree and have at least a 2.5 GPA. I am applying to begin the Teacher Apprentice Program in fall _____.

Initials: _____ I must participate in required professional learning sessions, including Teach Up, FTCE preparation bootcamps, and online study modules.

Initials: _____ I am expected to co-teach with an assigned Teacher Apprentice Mentor for two years, following all employer guidelines.

Initials: _____ I must apply for an Apprenticeship Certificate through the Florida Department of Education.

Initials: _____ I must complete any remaining prerequisite or lower-division coursework required for graduation. These courses may not be covered by grant funds and must be completed to meet degree audit requirements.

Initials: _____ If I fail any Teacher Apprenticeship Baccalaureate Program course, I will be removed from the program.

Initials: _____ I must adhere to the MDC No-Show Policy. If I do not attend class without notifying my instructor, my professor may drop me from the course.

Initials: _____ I am required to attend all classroom instruction sessions. Absences are not permitted without valid cause.

Initials: _____ I am not allowed to drop courses.

Initials: _____ Childcare may be available through the program.

By signing below, I affirm that I have read and agree to the above requirements for admission and progression in the Teacher Apprenticeship Program.

Full name, printed

_____

Student ID number

_____

Signature

_____

Date

_____