



# Waller Independent School District

www.wallerisd.net

Human Resources Office: 2214 Waller Street Waller, Texas 77484 Phone: 936-931-0397 Fax: 936-372-0396 e-mail: [rpelot@wallerisd.net](mailto:rpelot@wallerisd.net)

## Student Teaching / Observation Assignments Process

Thank you for choosing Waller Independent School District (WISD) for your student teaching/observation assignments.

All Student Teaching / Observation assignments should be arranged by:

- September 15<sup>th</sup> for the Fall Semester
- January 15<sup>th</sup> for the Spring Semester
- Note: No observations will be scheduled during the last 9 weeks of each semester due to testing

Please complete the following Student Teaching / Observation Assignments Process:

1. Print and complete the following forms:
  - a. Background Authorization Form (see attached, pages 3 and 4)
  - b. Student Teaching/Observation Assignment Form (see attached, page 2)
    - i. Forms missing information will not be processed
    - ii. Instructor or Director Signature is required
2. Submit completed forms to the Human Resources (HR) Department via the following options:
  - a. e-mail [rpelot@wallerisd.net](mailto:rpelot@wallerisd.net)
  - b. fax: 936-372-0396
  - c. in person: 2214 Waller Street, Waller, TX 77484
3. Once background results are received and approved by the HR Director, the HR staff will forward the application for Student Observations to the campus Assistant Principal (AP) and the application for the Student Teachers to the Principal.
4. Campus AP/Principal will approve the request, assign a teacher, and contact the student to set up the schedule. **Placement will be based on availability. There is no guarantee of a student teacher / observation assignment.**
5. Once the schedule has been approved, the AP/Principal will then sign, date and send the application back to HR.
6. Approved Student Teaching/Observation Assignment Forms will be sent to university at their request.
7. Applicants may contact the HR Department for status 5 days after forms are submitted to WISD. Please contact Waller ISD Human Resources Department if you have questions.

# Student Teaching / Observation Assignment Form

Waller Independent School District

## Student

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## University

University Name \_\_\_\_\_ City \_\_\_\_\_

Director Name \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

Instructor Name \_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

## Assignment (To be completed by student, please be specific)

Certification Area (Grade Level & Subject) \_\_\_\_\_

Observation: Number of Days \_\_\_\_\_ Begin \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Period of Observation: Day(s) of Week \_\_\_\_\_ Time(s) \_\_\_\_\_:\_\_\_\_\_-\_\_\_\_\_:\_\_\_\_

Director/Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## WISD Placement (To be completed by Waller ISD staff)

WHS 9-12     WJH 6-8     SJH 6-8     RRE PK-5     JES PK-5     HES PK-5     FSE PK-5     TES PK-5

Mentor/ Teacher \_\_\_\_\_ Criminal History Date \_\_\_\_\_  Approved

AP/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Director \_\_\_\_\_ Date \_\_\_\_\_



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## Background Check Authorization Form (Form will be forwarded to HR for processing)

### Please Check the appropriate Position(s):

- Volunteer
- Student Teacher
- Classroom Observer
- New Hire – fingerprint process necessary
- Substitute – fingerprint process necessary
- Contract Employee

### Please Check the appropriate Campus / Department:

- |   |   |
|---|---|
| <input type="checkbox"/> Field Store Elem.  | <input type="checkbox"/> Schultz Junior High          |
| <input type="checkbox"/> Holleman Elem.     | <input type="checkbox"/> Waller Junior High           |
| <input type="checkbox"/> Jones Elem.        | <input type="checkbox"/> Waller High School           |
| <input type="checkbox"/> Roberts Road Elem. | <input type="checkbox"/> Special Education Department |
| <input type="checkbox"/> Turlington Elem.   | <input type="checkbox"/> Band                         |

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

APPLICANT (PRINT NAME): \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

Applicant Email Address:

Address	Apartment or #	Phone # ( ) -
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City	County	State	Zip	Email
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** Date of Birth	**Social Security Number	**Gender	**Race
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**\*\*CONFIDENTIAL - INFORMATION TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY**

