

www.wallerisd.net

Waller Independent School District

Human Resources Office: 2214 Waller Street Waller. Texas 77484 Phone: 936-931-0397 Fax: 936-372-0396 e-mail: 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 15th for the Fall Semester
 January 15th 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
 - 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

Name		Home Phone #					
Cell Phone #	ŧ		Email				
Address			City		StateZip		
Universi	ty						
University Name			City				
Director Nat	me		Ph	Email			
Instructor N	ame		Ph	Email			
Observation	: Number of D	ays		Begin/	/ En	d/	/
Observation: Number of Days Period of Observation: Day(s) of Week							
Director/Instructor Signature							
	_				******		
WISD P	acement (T	o 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/ Teach <u>er</u>			Criminal History Date			[Approve
AP/Principal Signature			Date				
HR Director			Date				



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

Please Check the appr Volunteer Student Teacher Classroom Observer New Hire – fingerprint pro Substitute – fingerprint pro Contract Employee	☐ Field S ☐ Hollem ☐ Jones ☐ Robert	tore Elem. an Elem.	Schultz Junior High Waller Junior High Waller Junior High Waller High School Special Education Department Band		
AUTHORIZATION FOR	M IS TRUE, CORRECT A	AND COMPLETE	E. IF ANY INF NDS FOR CAN	S BACKGROUND CHECK ORMATION PROVES TO BE NCELING OF ANY AND ALL FION OF THE EMPLOYER.	
APPLICANT (PRINT NA	ME):			Date:	
APPLICANT'S SIGNATU	RE:				
Last Name	First Name		Middle Name or Initial		
residence.	sed in any and all other record	ds of birth or record	s of		
Applicant Email Address:					
			()	-	
Address		Apartment or #	Phone #		
City	County	State	Zip	Email	
** Date of Birth	**Social Security Number	**Gender	**Race		
	RMATION TO BE USED FOR			LY	
Revised 5/10/2021			<u>-</u>		

The following are my responses to questions about my criminal history (if any).

1. ____YES____NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide details below.

State:	County:	Date	of Offense:	/ /
Details of conviction:				
2YESNO offense? If yes, please provide de	-	leferred adjudication o	r similar disposition	for any federal, state or municipal
State:	County:	Date	of Offense:	
Details of offense:				
3. <u>YES</u> NO Have y offense? If yes, pleas	•	on or community su	pervision for any f	ederal, state or municipal
State:	County:	Date	of Offense:	
Details of supervision	ר:			
	Have you ever been co yes, please provide detail		al offense in a co	ountry outside the jurisdiction of
Country:	City:	Date	of Offense:	
Details of conviction:				
5YESNO / If yes, please provide de	As of the date of this co tails below.	nsent form, do you h	ave any pending	charges against you?
State:	County:	Date	of Arrest	
Details of pending charg	es:			
LIST ALL COUNTIES	AND STATES OF RESI	DENCE (since 10 year	s ago):	
CITY/TOWN		COUNTY	ST	ATE
authorize the Employer and its agent, record check, employment and educa this form is true and accurate to the application or dismissal from subsec investigative consumer report. Emplo agree to release, indemnify and hold Reporting Act, I am entitled to know	, at any time during or subsequent to m tition verifications, personal references; best of my knowledge, and understa quent employment. I do hereby consen oyer has informed me that I have the ri harmless Employer and any reporting v if employment is denied because of	y application process, to conduct a personal interviews; my personal nd that any deliberate falsificatio t to Employer's use of any inforr ght to review and challenge any n gency Employer uses with regard information obtained from a cons	n investigative consumer rep credit history; and driving re ns, misrepresentations, or or mation provided on this form egative information that wou to any information reported umer reporting agency. If so	tivities, I have been advised and I hereby consent and over that may include, but are not limited to, a criminal ecord. I hereby affirm that all information provided ir missions of fact may be grounds for rejection of my n or during the application process in performing the Id adversely impact a decision to offer employment. I by the reporting agency. According to the Fair Credit o, I will be notified and given the name, address, and
	provided the information. In addition, I thin the sole discretion of Employer. I			o clear up any mistaken information reported within a ne original.