



Waller Independent School District

www.wallerisd.net

Human Resources Office: 2214 Waller Street Waller, Texas 77484 Phone: 936-931-0397 Fax: 936-372-9151 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: 936-372-9151
 - 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 Students 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 Dept 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 Ph # _____

Cell Ph #: _____ 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 _____

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- TES PK-5

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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
- 21st Century Grant Worker, Not Employee of school district – fingerprint process necessary

Please Check the appropriate Campus / Department:

- | | |
|--------------------|-----------------------|
| Field Store Elem. | Schultz Junior High |
| Holleman Elem. | Waller Junior High |
| Jones Elem. | Waller High School |
| Roberts Road Elem. | Food Service |
| Turlington Elem. | Maintenance / Custodi |
| | Transportation |

Waller I.S.D. exempts from Background Checks any volunteer who is a parent, grandparent, and / or guardian of a Waller I.S.D. student; any single-event volunteers (e.g. festivals); and those volunteers who are accompanied by teachers on field trips (effective 9/19/07 based on Senate Bill 9), pending results from the V-Soft system. It is district practice to require all volunteers to run their license through the V-Soft system before each volunteer assignment.

Volunteers in the above category will only need to complete the following information in this box:

“I affirm that I am a parent, grandparent, and / or guardian of a Waller I.S.D. student; or a single-event volunteer (e.g. festivals); or will volunteer only when accompanied by teachers on field trips.”

Volunteer (Print Name): _____ Date: _____

Volunteer Signature: _____

CAMPUSES WILL FILE THIS RECORD OF THE VOLUNTEER AND SHOULD NOT FORWARD THIS FORM TO HR; VOLUNTEERS WHO FIT THE CRITERIA DESCRIBED IN THIS BOX DO NOT NEED TO FILL OUT THE REST OF THE FORM

Please complete the following information (except Volunteers who meet the criteria described in the box above):

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

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address Apartment or # Phone #

City County State Zip Email

** Date of Birth **Social Security Number **Gender **Race

**CONFIDENTIAL - INFORMATION TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY

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: _____

2. YES NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

LIST ALL COUNTIES AND STATES OF RESIDENCE (since 10 years ago):

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I hereby affirm that all information provided in this form is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. I acknowledge that facsimile, copy or email shall be as valid as the original.