



# 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: mbrooks@wallerisd.net

## Student Teaching / Observation Assignments Process

Thank you for choosing Waller Independent School District for your student teaching/observation assignments. Following is the process to be placed in a classroom....

1. Print & Complete Forms
  - a. Background Authorization Form
  - b. Student Teaching/Observation Assignment Form
    - I. Forms missing information will not be processed
    - II. Instructor or Director Signature is required
2. Submit completed forms to Waller ISD Human Resources Department via...
  - a. e-mail [phamzehloo@wallerisd.net](mailto:phamzehloo@wallerisd.net)
  - b. fax 936-372-9151
  - c. in person 2214 Waller Street, Waller, TX 77484
3. Once background results are in and approved, the campus AP will be sent the application for Students Observations and the Principal for the Student Teachers.
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**
5. Once the schedule has been approved the AP/Principal will then sign, date and send the application back to HR
6. You may contact Waller ISD 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  
at  
Waller Independent School District

**Student** (please print all information clearly)

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) \_\_\_\_\_

\*Specific Level and Subject you wish to observe: \_\_\_\_\_

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 WISD)

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 \_\_\_\_\_



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 AGE 18.

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 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.