Short-Term Substitute While Enrolled in Student Teaching/Clinical Experiences Approval Form

Student Name:	
Student Teacher/Clinical Placement Site:	
District Section (must be completed prior to the Student/Program Section)	
School District:	
Contact: Phone:	
The District has a signed University Teacher Education Placement Agreement and University Teacher Education F Agreement Short-term Substitute Amendment on file with Illinois State University.	Placement
The District is interested in hiring the listed student teacher/clinical student to work as a short-term substitute to isted placement site due to the current substitute shortage.	eacher at the above
District Approval: Sign & Date	
Cooperating Teacher Approval: Sign & Date	
Student Section	
Program/Content Area:	
This completed form signifies my interest as a student teacher/clinical student to work as a paid short-term substachool building where I am currently assigned as requested by the school and as my time permits. Accepting adderm substitution assignments are not required and will not have any impact on my student teaching/clinical ass district and ISU have agreed to the following:	litional paid short-
Iniversity Teacher Education Placement Agreement Short-term Substitute Amendment 13.1: If University's student teacher/clinical student is appropriately licensed, they may agree to act as a paid substitute teacher within the limits as defined in the Illinois School Code (105 ILCS 5/ et al) while participating Agreement. The district will employ the student teacher/clinical student in accordance with all local, state, a regulations and laws and take responsibility for all employment-related issues. District and student teacher/c will determine mutually when the student teacher/clinical student is acting in a short-term substitute capacit student teacher, and District will follow all employment policies while student teacher/clinical student is perf short-term substitute capacity. The district will not start employment until they have a signed approval form Exhibit A) from the University. If student teacher/clinical student chooses not to substitute teach, in their sol they may continue to participate as a student teacher/clinical teacher in the District as originally scheduled by	g under this nd federal clinical student ty or only as a forming in the (attached as le discretion,
 Must hold a valid short-term substitute teacher during a student teaching/clinical assign Must hold a valid short-term substitute license and work under those guidelines. Must have approval from the ISU content area program/University site supervisor that: Student is in good standing as a student teacher/clinical student. The additional short-term substitute duties will not negatively impact primary student teaching responsibilities. 	
Once completed the form will be returned to the Building Administrator who is responsible for hiring short-te eachers and a copy will be kept by the student and the Program.	rm substitute
SU Department Approval: Sign & Date	
SU University Supervisor Approval: Sign & Date	

Student Teacher/Clinical Student: Sign & Date _____