

CPS STUDENT TEACHING REGISTRATION PACKET

Dear CPS Prospective Student Teacher:

Thank you for your interest in the Chicago Public Schools Student Teaching Program! The CPS Student Teaching Program **requires** prospective student teachers, counseling interns and speech pathology interns to complete the following registration process to be granted final internship placement approval. **Please read over this entire packet carefully!**

Below are the required **5-registration steps** that you must complete for placement approval:

- **On-line Student Teacher Registration Form:** Complete the on-line form and print the finalized copy (Personal Information page only) to be included with the other forms in the Student Teaching Registration Packet. **Note:** To print the form, just right click on your mouse and select "Print". **Access the Online Registration Form at http://www.cps-humanresources.org/STI/registration_new.htm**
- **Confidentiality Agreement:** Review, sign and date. Please keep a copy for your records.
- **Certification of Freedom from Tuberculosis:** Your physician must complete this form or in lieu of the form, please provide documentation from your physician indicating negative TB test results, dating no more than 1 year prior to the start date of student teaching. **Please note: A chest x-ray is only required if your skin test results are positive.**
- **Student Teacher Acknowledgement Form:** Review, sign and date. Please keep a copy for your records.
- **CPS Fingerprint Memo & Fingerprint Applicant Form:** **Please read this memo very carefully** and follow the directions to ensure that you get your fingerprints completed accurately.

ATTENTION!! Current CPS Employees- If you're a current CPS employee, you may not be required to complete the Registration paperwork. To find out, please **apply for a Registration Waiver** at www.cpsstudentteachprogram.com, click on "cps forms & links" to access and submit the Registration Waiver.

Please US mail your completed registration paperwork to the following address for processing:

(Special Note: If your university has specifically instructed you to send the forms through its field placement office first, for them to forward to CPS for processing, please comply with your university's instructions.

Chicago Public Schools
Human Resources Department-Student Teaching Program
ATTN: Dameka D. Redic, Program Manager
125 South Clark Street, 2nd Floor
Chicago, Illinois 60603

For more information, please contact:
Dameka D. Redic, Program Manager
CPS Student Teaching Program
Tel: 773-553-1191 Fax: 773-553-1131
Website: www.cpsstudentteachprogram.com
Email: studentteach@cps.k12.il.us

Thank you for your interest in the Chicago Public Schools Student Teaching Program!

Acknowledgement of Department of Human Resources Policy with Respect to Confidential Information

I, _____, acknowledge that, as a student teacher in the Chicago Public Schools system, I have been granted access to, or may learn of, confidential information relating to other employees, consultants, independent contractors, students, and/or classified projects during the course of my student teaching. Such information may come to me through various sources, including, but not limited to, electronic media, interoffice communications, internal publications, and/or verbal interactions. Such information may include, but is not limited to, names, addresses, telephone numbers, financial information, student grades, social security numbers, medical information, *etc.*

I further acknowledge that, as a condition of my student teaching placement, I shall not make known, provide access to, or otherwise disclose such confidential information to any persons or entities that do not have a legal entitlement to such information. I also acknowledge that I may not access confidential information to which I have been granted access in the course of my CPS student teaching for any reason not related to the performance of my duties as a student teacher of the Chicago Public Schools.

I understand that, in addition to violating the Policy of the Department of Human Resources with Respect to Confidential Information, disclosure of confidential information to others who do not have a legal entitlement to that information may violate the Family Educational Rights and Privacy Act of 1974 (FERPA), the Illinois Student Records Act, and/or the Illinois Access to Personnel Records Act.

Finally, I understand that my failure to comply with the terms or conditions of this agreement shall subject me to immediate removal from my student teacher placement in accordance with the Pre-Service and Student Teacher Enrollment Policy.

By signing this document, I expressly acknowledge that I have read and fully understand the Department of Human Resources Policy with Respect to Confidential Information as it applies to CPS student teachers.

Print Name

Signature

CPS School Assignment (*Please leave blank if you don't know*)

University

Date

CERTIFICATION OF FREEDOM FROM TUBERCULOSIS

This is to certify that _____ of
 _____ (Full Name)
 _____ is free of tuberculosis based on the following:
 _____ (Address)

1. TUBERCULIN TEST given on

_____ at _____
 _____ (Date) _____ (Name of Facility)

_____ (Address of Facility) RESULTS OF TEST:
 Negative _____
 Positive _____

2. CHEST X-RAY taken on

_____ at _____
 _____ (Date) _____ (Name of Facility)

_____ (Address of Facility) Film Number: _____
 Negative _____
 Positive _____

 (Signature of Radiologist)

PLEASE PRINT:

Physician's Name _____

Physician's Address _____

Physician's Signature _____

Date Test Read _____

STUDENT TEACHER ACKNOWLEDGEMENT FORM

In consideration for my being considered as a Student Teacher Candidate by the Chicago Public Schools (“CPS”), I hereby agree as follows:

- A. I acknowledge that I must provide my own transportation to and from the Board of Education of the City of Chicago (“**the Board**” or “**CPS**”) and/or my assigned school.
- B. I understand that I must carry personal identification and wear any Board-supplied identification at all times when I am on CPS property.
- C. I will take all reasonable steps to maintain health insurance coverage during my participation in the Student Teaching Program (“**Program**”) and will comply with all health, TB testing, and immunization requirements of the Board.
- D. I will adhere to my assigned schedule and, as directed by my CPS Cooperating Teacher and my University Field Instructor, I will give my assigned CPS School and my university timely notice if I will be absent or if I require a schedule change.
- E. I will attend and participate in administrative meetings and professional development opportunities as directed by the CPS School Program Coordinator or her designee. It is understood that I may be excused from attending any CPS meetings/professional development activities that conflict with mandatory university activities.
- F. I will maintain confidentiality with respect to Board employees, subcontractors, CPS students, the Board’s business operations, and/or trade secrets; and will comply with any and all State and Federal laws, and Board Policies and Rules that relate to Participating Student Teacher activities and conduct under the Program. In particular, but not by way of limitation, I will not violate, or act or fail to act so as to cause another Party to violate the following as applicable: the *State of Illinois Discrimination Laws* (775 ILCS 5/1-101 *et seq.*) and the *Drug Free Workplace Act* (30 ILCS 580/1 *et seq.*). I will take all measures necessary to ensure the confidentiality of any and all information in my possession regarding CPS Students and the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the “**CFR**”).

In addition, I acknowledge that certain information concerning CPS students, whether pre-existing or created by the Board, by me, or by others, is confidential by reason of University or Board policy, the *Family and Educational Rights and Privacy Act of 1974* (20 U.S. C. 1232g), hereinafter, “**FERPA**”), otherwise known as the Buckley Amendment, the Illinois Student Records Act. I shall protect these records in accordance with FERPA, the Illinois Student Records Act and University or Board policy, and the Administrative Simplification requirements of the *Health Insurance Portability and Accountability Act of 1996* (“**HIPAA**”), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the “**CFR**”), as applicable.

- G. I **will not transport** any CPS student by car or otherwise, under any circumstances.
- H. I agree to submit to a fingerprint based, criminal history records check as authorized by the Illinois School Code [105 ILCS 5/34- 18.5] for employees and contractors, a check of Investigations of the Statewide Sex Offender Database, as maintained by the Illinois Department of State Police in accordance with the *Sex Offender and Child Murderer Community Notification Law* [730 ILCS

152/115] , and a check of the Statewide Child Murderer and Violent Offender Against Youth Database, as maintained by the Illinois Department of State Police in accordance with the *Child Murderer and Violent Offender Against Youth Registration Act [730 ILCS 154/85 and 154/95]*, (collectively, “**Records Checks**”). In the event that any of these Record Checks are conducted by an entity other than the Board, I hereby consent to have such other entity transmit the results of such Records Checks to the Board. In the event that the Board conducts the Records Checks, I hereby consent to have the Board transmit the results of such Records Checks to my University.

I understand and agree that if I am applying for a Student Teaching Placement for Second Semester 2009 or thereafter, I must pay for the Records Checks.

- I. I will adhere to all of the requirements of my University’s Student Teaching Program.
- J. I will following the administrative policies, standards, and practices of the Board and the CPS internship site, including but not limited to the Student Teacher and Pre-Service Teacher Enrollment Policy (06-0426-PO1), dated April 26, 2006, as amended from time to time. All Board policies are located at <http://policy.cps.k12.il.us>.
- K. I understand that the Board may use any of the following in making the decision whether to give me a Student Teacher Placement or not: i) the availability of Student Teaching Placements; ii) Records Check results; iii) TB Test (or X-ray) results; and if I am applying for a Student Teaching Placement for Winter 2009 or thereafter, iv) the Board’s evaluation of my Application.
- L. I understand that the Board shall have the right to immediately remove me from the premises of a school and shall have the right to refuse to allow me to enter onto Board property in the future for **any** the following reasons:
 - i) I willfully act in such a way that endangers or may endanger the safety and/or the emotional or physical welfare of a CPS student or employee or visitor;
 - ii) I am criminally convicted of a drug offense or any other crime that would prevent my certification as a teacher in the state of Illinois or the state where my University is located;
 - iii) I intentionally damage the Board’s property;
 - iv) I engage in illegal drug use;
 - v) I violate the rules and policies of the Board and its schools.
- M. I understand that my Student Teaching Placement may be terminated by the Board, after notice to and consultation with the University Liaison, for any of the reasons specified in Paragraphs L (i - vi) above and for any of the following reasons:
 - i) It is determined that my health status will prevent me from materially satisfying my Student Teaching requirements;
 - ii) I fail to comply with the provisions of HIPAA or the Illinois Student Records Act or FERPA; or
 - iii) I fail to cure any material breach of the terms and conditions described in this Student Teacher Acknowledgement Form within five (5) business days of receiving a written notice of my breach from the Board. I understand that these cure provisions do not apply to any violations by me of my obligations regarding *HIPAA*, the *Illinois Student Records Act*, or *FERPA*, for which there is no opportunity to cure.

N. I understand that if I conduct any research involving CPS students and/or publish any research materials based on my Student Teaching Placements and/or my interactions with CPS students, in addition to obtaining any and all University pre-approvals for a research project, I must comply with the following:

- i) I must give my CPS Cooperating Teacher, for his/her approval, (a) a written description of the proposed research; (b) a written description of how I plan to protect and maintain the privacy of students and participants in the study; and (c) samples of the notices and consents that I plan to use for obtaining written consent from the parents of student research participants who are under the age of 18, and the consent of research participants who are 18 years of age or older. I understand that I may not proceed with a research project until the CPS Cooperating Teacher approves my proposed research project and the notice and consent documents in writing. I understand that this consent shall not be unreasonably withheld.
- ii) I understand that when the research study is completed, I must timely provide a copy of the final research results and any articles that are published within one (1) year of the conclusion of my student teaching experience to the CPS School Program Coordinator upon request. I further understand and agree that the Board shall have the right to use the information in my research report and my research findings for educational programming or services, planning, solicitation of grants, staff development, and any other non-commercial purposes to improve instruction or services to students of the Chicago Public Schools.
- iii) **I understand that I may not, under any circumstances, identify any CPS student or Board employee or subcontractor by name in a case study or in any published research unless I have obtained prior written consent from each of the subjects or their parents or guardians, as applicable, in accordance with the provisions of this Section N.**

O. I agree that no Board member, employee, agent, officer or official shall be personally charged by myself with any liability or expense under this agreement or be held personally liable under this agreement to me. To the extent permitted by law, I understand that the Board is not responsible for any personal injury that I may suffer while providing student teaching services to the Chicago Public Schools. I also understand that the Board is not responsible for any property of mine that is lost, stolen or damaged on the school's premises.

P. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to any conflict of law or choice of law principles. No delay or omission by the Board to exercise any right hereunder shall be construed as a waiver of any such right and the Board reserves the right to exercise any such right from time to time as often and as may be deemed expedient.

I have read and agree to the terms and conditions of this Student Teacher Acknowledgement Form.

Date: _____

Print Name: _____

Signature: _____

Address: _____

Daytime and Evening Phone Number: _____

Email Address: _____

Dear Prospective CPS Student Teacher:

In order to complete the process of your background investigation report, it is necessary to submit your fingerprints to the Illinois State Police Department and the FBI. The CPS requires that you go to Accurate Biometrics to be fingerprinted to fulfill this requirement.

Fingerprints are taken Monday through Friday at any Accurate Biometrics location. For a list of locations, please visit www.accuratebiometrics.com or call 866-361-9944. You will need to present the form below-**“Chicago Public Schools-Student Teachers Fingerprint Applicant Form”** and a current state photo identification card. There will be a **\$50 charge** which is paid by either by Cash, Company Check, Money order, Cashier's Check, MasterCard/Visa. **NO PERSONAL CHECKS ACCEPTED.** If you have any questions please contact the CPS Student Teaching Program Coordinator-Dameka D. Redic at 773-553-1191 or studentteach@cps.k12.il.us

SPECIAL INSTRUCTIONS FOR OUT-OF-STATE STUDENT TEACHERS ONLY

All out-of-state student teachers (**“physically out-of-state”**) are advised to take the following steps to ensure that their fingerprints are submitted properly:

- Go to your local Police Station in your hometown and request a **FBI Fingerprint Card-Form 258**. The Police Station will take your fingerprints and affix them to the card.
- Take the Fingerprint Card (Form 258), a money order in the amount of \$50 dollars (please make the money order out to “Accurate Biometrics”) along with the Chicago Public Schools-Student Teacher Fingerprint Applicant Form in this packet and mail these 3 items to the following address:

**Accurate Biometrics
4849 N. Milwaukee, Suite 101
Chicago, IL 60630
ATTN: CPS Student Teacher**

ALL STUDENT TEACHER APPLICANTS are strongly advised not to take this step to be fingerprinted unless you have received a CPS Student Teacher Pre-Conditional Acceptance Letter from Dameka Redic at the Chicago Public Schools Student Teaching Program instructing you to proceed to this step.

Sincerely,
Dameka D. Redic, PHR
Student Teaching Program
Department of Human Resources
Chicago Public Schools

Accurate Biometrics
4849 N Milwaukee, Suite 101
Chicago, IL 60630

phone 773-685-5699
fax 773-685-5433
www.accuratebiometrics.com

Chicago Public Schools-Student Teachers Fingerprint Applicant Form

Please Provide the Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth: (State or Country if outside USA): _____

ORI-IL016299S

***Technician Note:** Employer Field: CST Occupation Field: Student Teacher
(CPS-Student Teacher)

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN# _____

Pay On Site: \$50.00