

Student Teaching/Clinical Practicum Application Packet (Revised January 2020)

Procedures for Applying for Student Teaching or Clinical Practicum:

- Review the application packet. *Admission to the teacher education program is a prerequisite for admission to the student teaching/clinical practicum program.*
- Meet with your advisor to discuss student teaching placements, completing the audit and obtaining a recommendation. **Under no circumstances are candidates permitted to contact clinical educators or school principals to discuss placement options.**
- Recommendations for student teachers should be completed by
 - Your advisor,
 - The clinical educator of a 3000-level fieldwork preceding student teaching, and
 - Another GC faculty member with whom you have had a course.
- Recommendations for clinical practicum should be completed by
 - Your advisor,
 - Your school principal or the center's director, and
 - Another GC faculty member with whom you have had a course.
- Background check documents for student teachers (Not required for clinical practicum)
 - Guilford County Schools Release of Information Form **AND** the 2-pg Guilford County Schools Authorization and Acknowledgement Regarding Background Investigation if your home state is not North Carolina. You are responsible for submitting the 2-pg authorization to BIB by fax (704)439-3901.
 - Greensboro College Disclosure and Authorization if a placement is requested outside Guilford County.
- Completed pages returned to the teacher education office include
 - Application,
 - Proof of active membership in a professional organization,
 - Legal Status Statement,
 - Policy Statements,
 - Clinical Professional Responsibilities Agreement,
 - edTPA Policy on Confidentiality and Plagiarism
 - Guilford County Schools Intern Student Records and Confidentiality Agreement (**Student Teachers**),
 - Guilford County Schools Release of Information Form (**Student Teachers**),
 - Guilford County Schools Student Teacher Information Form (**Student Teachers**), and
 - Greensboro College Disclosure and Authorization (**Student teachers** requesting a placement outside Guilford County)
 - Practicum applications are submitted by August 25th for spring placements. *There are no fall practicum placements.*
 - *Note:* Fees assessed for the student teaching or clinical practicum experience will be charged to your account during the semester of student teaching or clinical practicum. *Student teachers and clinical practicum candidates in settings outside Guilford County will be assessed an additional \$150 fee.*
 - All coursework must be completed prior to beginning the experience.

RETURN FORMS BY THE JANUARY 20TH OR AUGUST 25TH DEADLINE.

Passing licensure exam and edTPA scores must be on file by the end of the course to obtain a C or better in student teaching or clinical practicum.

IF YOU RESIDE IN A GC DORM, IT IS YOUR RESPONSIBILITY TO CONTACT THE RESIDENCE LIFE OFFICE ABOUT RETURNING EARLY.

Student Teacher Responsibilities

The intern also follows the school calendar rather than the college calendar. The internship extends through fall and spring break periods at the college. On-campus housing can be arranged for resident candidates. Interns are required to be in attendance for all normal school activities, such as faculty meetings, in-service workshops, and parent conference days. The appropriate level of involvement in extra duties, coaching, club sponsorship, etc., is variable. Participants should discuss the value of these activities and agree upon an involvement schedule.

Maintaining regular attendance, being punctual and staying in the school for the time scheduled is expected of interns at all times. Only illness or true emergencies excuse an absence or tardy. Please follow these procedures when reporting an absence:

1. **Notify clinical educator by phone immediately if the schedule cannot be met.**
2. **Notify supervisor immediately following your notification to the clinical educator.**
3. **This process is expected on any day the intern is absent even in the event of consecutive days absent.**

Under no circumstances will the intern plan to be absent from any portion of his/her responsibilities without prior approval from the clinical educator, supervisor, and the director of teacher education. During this internship, the intern assumes the professional role of teacher, therefore should not plan trips, vacations, doctor appointments, etc. during the scheduled internship days and hours. **Student teachers are not permitted in excess of three absences during the student teaching experience (excused or unexcused).** In the event of excessive absences the teacher education program reserves the right to extend the internship beyond the completion date if necessary. In the event that an extension is required, the intern will be responsible for additional expenses, housing, meals, etc., during the remainder of the internship.

Involvement Schedule An involvement schedule should be carefully planned by all participants. This is especially critical if more than one clinical educator is involved. The intern should gradually assume responsibilities as confidence and skill levels develop. While individual situations vary, **the normal guideline is for the intern to have *full* instructional responsibilities for approximately a month of the internship.** Toward the end of the experience, the intern and clinical educator should coordinate the transfer of teaching duties and important information, such as instructional materials, attendance records, and grades.

Interns as Substitute Teachers Interns should never be used as substitute teachers in another teacher's classroom. Student teachers may not be hired or receive compensation for their classroom, substitute teaching, coaching, tutoring, or other related assignments during the internship experience. Since State Board of Education guidelines require a minimum 16-week internship, it is not possible for candidates to receive an early release from student teaching. Candidates who have completed all internship requirements successfully may be considered for interim or substitute teaching positions after the mandatory internship requirements have been met. *Prior to the issuance of a NC license, candidates are eligible to be paid as substitute teachers in these circumstances.*

Instructional Planning The most critical factor in the success level of most internships is the quality of planning by the intern. The intern is expected to develop detailed, written plans for each period of instructional responsibility. The clinical educator should frequently review plans prior to implementation. All participants should discuss the type of planning that is appropriate and the planning review process. Interns will be asked to submit lesson plans in advance so that clinical educators and supervisors have an opportunity to review and provide feedback. Interns are reminded that praise and constructive criticism are vital elements of internships. Interns should expect both and accept them with equal appreciation. The primary goal of each supervisor is to help make the internship a successful and enjoyable experience.

Positive Impact on P-12 Student Learning A focus for educators today is the positive impact a teacher makes on P-12 student learning. In the **Internship Formal Observation** form, the impact on student P-12 learning section focuses on the student response to the intern's teaching. The intern's instructional performance as well the student response to the intern's teaching will be assessed. Additionally, the intern will also be expected to design informal assessments or evaluations that will be distributed to students at the conclusion of lessons.

edTPA is a performance assessment with a focus on using contextual information about students to support planning for, analyzing and using student learning to inform teaching. edTPA represents a broad consensus of the teaching field about what knowledge and skills matter for a beginning teacher's performance and good teaching in general. edTPA reflects core aspects of teaching – planning for instruction, engaging students in learning, assessing learning and supporting academic language development – and requires them to be linked together to show the full cycle of teaching. The assessment requires real artifacts from teaching—lesson plans, video and student work samples—in order to show the complexity of the local teaching context and the way the candidate responds to real students when trying to teach them in a real setting. edTPA portfolios should represent each candidate's unique context for teaching and learning, as well as their own thinking and decision-making about planning, instruction and assessment. ***The edTPA portfolio is 50% of the student teaching/clinical practicum grade.***

Application for Admission to the Student Teaching/Clinical Practicum Program

Personal Information

Name _____
Last First Middle

Email Address _____

Please notify the Teacher Education Office if there is a change of address otherwise important information regarding student teaching/clinical practicum may not reach you in a timely manner.

Campus Box _____ Cell Phone (_____) _____ Local Phone (_____) _____

Local Address _____

GC ID _____ Advisor: _____

I am requesting a placement for (check one) _____ Student Teaching _____ Clinical Practicum

Clinical Practicum Candidates:

Please provide the name of the school where you are a classroom teacher. _____

Licensure Area:

- Birth-Kindergarten (014)
- Elementary K-6 (025)

Secondary (9-12)

- Comprehensive Science (300)
- Comprehensive Social Studies (400)
- English (100)
- Mathematics (200)

K-12 Programs

- Art (810)
- Music (800)
- Health and Physical Education (094)
- Theatre (108)
- English as a Second Language (110)

Middle Grades:

- Language Arts (78180)
- Mathematics (78200)
- Science (78300)
- Social Studies (78400)

Special Education (K-12)

- General
- Adapted

Student Teaching Placement Information

Advanced Fieldwork/Student Teaching is a year-long placement. The fieldwork supervisor also serves as the student teaching supervisor in most instances and secures a placement in a setting where the candidate completes his/her final fieldwork. Many advantages to the integration of these two experiences including:

1. Candidates will be able to observe and interact with clinical educators, P-12 students and their parents from the beginning of the academic year to the end, thus providing a more continuous and expansive view of the role of the teacher.
2. A year-long experience provides more opportunity for candidates to grow in their knowledge, skills, and professional dispositions.
3. Advanced Fieldwork serves as the prerequisite experience for student teaching/clinical practicum. The candidate's PDP can be used as a starting point for student teaching/clinical practicum, thus increasing the candidate's opportunity to improve in areas of self-identified professional development goals.
4. More thorough and continuous assessment with critical feedback can be provided in an integrated year-long experience.

Requirements Prior to beginning Student Teaching/Clinical Practicum Experience

Please note the following statements regarding student teaching and clinical practicum placements.

- The completed student teaching/clinical practicum application must be received in the Teacher Education Office by August 25th for a spring placement or by January 20th for a fall placement. Practicum applications will be submitted by August 25th for a spring placement. Fall placements are not made for the clinical practicum.
- All coursework must be completed for degree-seeking and licensure-only candidates prior to beginning the student teaching or clinical practicum experience.
- Student teaching or clinical practicum placements in a setting outside of Guilford County will incur a \$150 fee.
- Candidates whose primary residence is not North Carolina will be required to provide a background check from BIB as part of the application process for student teaching placements. Forms are sent to BIB by the applicant.
- Student teaching/clinical practicum is a 16-week placement that will start before the first day of classes at the College and extend through the final exam period until the length of the placement is satisfied. An early release from student teaching will not be possible. ***Passing licensure exams must be on file by the end of the internship to obtain a C or better in student teaching or the clinical practicum course.***
- Candidates are responsible for transportation during the student teaching experience and will report to the school at the same time as the teachers.
- Passing edTPA, PRAXIS II and/or Pearson licensure exam scores must be on file in the teacher education office before the end of the student teaching/clinical practicum experience in order to obtain a grade of C or better in the course.
- In order to be eligible for licensure recommendation, all degree (as appropriate), program, and testing requirements must be satisfied. Greensboro College cannot complete a verification of program completion form from North Carolina or any other state unless program and testing requirements documenting eligibility for a North Carolina license are on file. Please note that completing a degree, as appropriate, is only one component of program completion.

I fully understand the requirements for admission to, and retention in the Greensboro College Student Teaching/Clinical Practicum Program and understand that the Teacher Education Committee, in the exercise of its professional judgment and with sole discretion in applying these guidelines, determines admission to the Student Teaching/Clinical Practicum Program. I also understand the process for appeal.

Candidate Signature

Date

I hereby authorize the release of my records for the purpose of evaluation for admission to the Student Teaching/Clinical Practicum Program and for the purpose of Student Teacher/Clinical Practicum placement and assignment.

Candidate Signature

Date

Educator Preparation Program Policy Statement

Greensboro College offers undergraduate and graduate majors leading to degrees. It also offers and teacher licensure programs. However degree completion and teacher licensure program completion are two different processes.

In order to be granted a degree, a candidate must complete all required course work, and maintain appropriate gpa.

In order to obtain a teaching license and be classified as a program completer, a candidate must: 1) be admitted to the teacher education program, 2) complete all required course and clinical work with a grade of C or better, 3) be admitted to the student teaching/practicum program, 4) maintain a 3.0 or higher gpa, 5) obtain a degree (unless in a licensure-only program), 7) submit the LEA/IHE certification of teaching capacity with “met” ratings for all standards, 8) complete all artifact assignments at the proficient level or higher, 9) submit passing edTPA scores, 10) satisfy all specialty area licensure exams (PRAXIS and/ or Pearson), 11) satisfy all financial obligations to the College and 12) licensure-only candidates who are classroom teachers submit a copy of their year-end summative evaluation from the North Carolina Educator Evaluation System, NCEES. A candidate cannot be recommended for a teaching license until ALL teacher education licensure program requirements are met.

In order to obtain master’s licensure and to be classified as a program completer, a candidate must: 1) hold an active initial license matching the corresponding master’s degree program, 2) be admitted to the teacher education program no later than having completed 9 semester hours of course work, 3) maintain a 3.0 or better gpa, 4) complete all course and degree requirements, 5) complete all artifact assignments at the proficient level or higher, 6) present final research, 7) have no more than one grade of C, 8) have no grade of F, and 9) satisfy all financial obligations to the College. A master’s degree candidate cannot be recommended for a master’s license until ALL teacher education licensure program requirements are met.

* Beginning Fall 2019, all candidates completing a program through student teaching or practicum candidates holding a residency license will have a passing edTPA score on file.

**Beginning Fall 2018, passing scores must be on file in order to obtain a C or better in student teaching or clinical practicum. Theatre Education and Birth through Kindergarten Education do NOT have specialty area licensure exams.

As a candidate enrolled in the teacher education program/education preparation program at Greensboro College, I have read and understand the Educator Preparation Program Policy. I understand that I must satisfy all teacher education licensure program requirements before a licensure recommendation can be made by Greensboro College Teacher Education Program.

Clinical Professional Responsibilities Agreement

As prospective and current employees of a school system, private school, childcare agency, or childcare center, (hereafter referred to as “placements”), candidates enrolled in both the initial and graduate teacher education programs/education preparation programs at Greensboro College are held accountable for their actions. They are to maintain their integrity and serve as positive role models. The highest standards of honesty, integrity, and fairness should be exhibited by each candidate when engaging in any activity concerning teaching, particularly in relationships with peers, faculty, P-12 students, parents, legal guardians, the community, and other employees of placements. (Adopted from the Code of Ethics for North Carolina Educators and the Code of Professional Practice and Conduct for North Carolina Educators approved by the North Carolina State Board of Education on June 5, 1997).

Candidates engaging in a Greensboro College clinical experience are required to comply with the following expectations:

1. Comply with expectations outlined in the Code of Professional Responsibilities and Conduct Agreement.
2. Safeguard all personal and confidential information concerning students and use it only for professional purposes.
 - a. Confidentiality when interning in placements
 - 1) Documents and Records: As an intern in placements in the performance of the duties required, you may have access to or may create confidential student documents and records. As an intern, you agree to preserve the confidentiality of such records and to destroy the records as soon as they are no longer necessary for the performance of intern obligations pursuant to the teacher education program/education preparation program placing you with students in placements. During the course of performing the services pursuant to internship program placements, as an intern you will have access to confidential student information (“Educational Records”) protected by the Family Education Records Privacy Act (34 CFR 99), the North Carolina Identity Theft Protection Act and the federal Social Security Act. As an intern, you
 - shall protect the Student Records whether the Records are stored electronically and/or by hard copy. ____ (Initials)
 - will use the Education Records only for the purpose of fulfilling duties in the teacher education program/education preparation program, and will not share such data with or disclose it to any third party except as provided for in the teacher education program/education preparation program unless authorized in writing by the placements. ____ (Initials)For the purpose of this agreement, the intern shall be designated as a “school official” with “legitimate educational interest” in a placement’s educational records, as those terms have been defined under FERPA and its implementing regulations, and
 - agree to abide by the limitations and requirements imposed by 33 C.F.R. 99.33(a) on school officials. ____ (Initials)
 - 2) Destruction of Records at Conclusion of Program: As an intern, you
 - agree to destroy all personally identifiable student information as soon as the information is no longer required by the teacher education program/education preparation program and to notify the college supervisor that the information has been destroyed. ____ (Initials)
 - 3) Student Information and Social Media: In addition to the other prohibitions about disclosing confidential student information, as an intern you
 - shall not disclose any personally identifiable information about students using any social media service or device and shall not communicate with any students of placements using social media devices. ____ (Initials)Failure to abide by this provision will result in serious consequences, up to and including termination from the teacher education program/education preparation program.
 - 4) Security Breach: In the event that the security of personally identifiable data of students is breached by an intern, the intern shall
 - be required to notify the placements, and the teacher education program/education preparation program immediately, but in no event within 24 hours, of any unauthorized access to data in violation of any state or federal law, including but not limited to FERPA or the North Carolina Identity Theft Act. ____ (Initials)

Such notice shall be in accordance with the Education Law §2d(6) and any implementing regulations thereunder.

- b. Video Recording Permissions: Before recording classroom instruction required for an internship in placements, you must ensure that you have the appropriate permission from the parents/guardians of those students and from adults who appear in the video recording. ____ (Initials)
 - 1) The candidate will obtain permission from parents/guardians using the Student Release Form provided by Greensboro College teacher education program/education preparation program. ____ (Initials)
 - 2) Only students for whom permission has been granted will appear in the video recorded lesson(s) and student work in assessment data collection. ____ (Initials)
 - 3) Students' images for whom permission has not been granted will not appear in the video and the students' names will not be spoken by the intern during the video recording of the lesson(s). Nor will these students' work be included in assessment data collection. ____ (Initials)
- c. Guidelines for Video Confidentiality for Candidates: Before video recording classroom instruction required for an internship in placements, you must:
 - 1) Review the video recording permissions for additional information including a release form. ____ (Initials)
 - 2) Secure appropriate permission from the parents/guardians of the students and from adults who appear in the video recording. ____ (Initials)
 - 3) Remove your name and use pseudonyms or general references (e.g., "the district") for the state, school, school system, and cooperating teacher/clinical educator. Mask or remove all names on any typed or written material (e.g., commentaries, lesson plans, student work samples) that could identify individuals or educator preparation programs. During video recording, use students' first names only. ____ (Initials)
 - 4) Store/upload the video recording only through LiveText. ____ (Initials)
 - 5) Allow authorized college supervisors and cooperating teachers/clinical educators to view your video recording for the purpose of providing formative feedback through LiveText. ____ (Initials)
 - 6) Not store/upload video to a system other than LiveText. ____ (Initials)
 - 7) Not use the video recording for any purpose that is not within the parameters of the release forms you received for students or adults who appear in your video. ____ (Initials)

As a candidate enrolled in the teacher education program/education preparation program at Greensboro College, I agree to abide by all the terms and expectations of the Clinical Professional Responsibilities Agreement. I understand noncompliance of my responsibilities to students, schools, cooperating teachers/clinical educators, administrators, the community, and Greensboro College may result in my being removed from the program and being unable to obtain a license.

Candidate Signature

Date Signed

Candidate's Printed Name

Supervisor Signature

Greensboro College Legal Status Statement

Name _____
(Please Print) Last First Middle

Social Security Number _____

STATEMENT OF APPLICANT:

Have you ever been convicted of a crime (excluding parking tickets)?

_____ Yes _____ No

If the answer is yes, you must submit court documents that indicate judgment and disposition of the case from the court of conviction and an explanation of the incident(s). Answering yes will also require you to meet with the Director of Teacher Education and a member of the teacher education committee.

Non-disclosure of being arrested or cited at any time may result in removal from the teacher education program. Incidents must be reported to the Director of Teacher Education within 72 hours. Failure to respond honestly and accurately on the Legal Status Statement is considered to be a violation of the Greensboro College Academic Honor Code. The Academic Honor Code policy and procedures are available in the Academic Catalog.

I hereby certify that the information given on this application is correct and true. I understand that the falsification of any statement on this application will constitute grounds for the revocation of my North Carolina teaching license.

Date

Applicant Signature

Policy Statements

Please read and sign each of the policy statements. Candidates seeking an exception to the policies must complete a *Petition for Exception to Teacher Education Policy* form and submit appropriate documentation to the Teacher Education Office by August 25th for a Spring placement or January 20th for a Fall placement.

Summer Student Teaching Applicants

I understand that summer student teaching placements are not guaranteed and are made dependent upon the availability of qualified cooperating teachers practicing in twelve-month or year-round schools. Please note student teaching is a 16-week placement and will continue into the fall semester until the length of the experience is completed.

Signature

Date

Student Teaching/Clinical Practicum and Coursework

I understand that I will be unable to enroll in or participate in coursework during my student teaching/clinical practicum.

Signature

Date

Student Teaching and Employment

I understand that I can not be employed on a full- or part-time basis during my student teaching.

Signature

Date

Student Teaching Placement

I understand that all student teaching placements will be made in Guilford County unless I have a Petition for Exception to Teacher Education Policy request granted.

Signature

Date

edTPA Policy on Confidentiality and Plagiarism

PERMISSIONS AND CONFIDENTIALITY

- I understand that I am responsible for obtaining appropriate permissions from the parents/guardians of my students and from adults that appear on the video clip(s) I submit.
- I agree to produce such permissions if requested after I submit my assessment.
- I have ensured confidentiality of individuals appearing in the video clip(s) I submit by uploading the video only to the designated Pearson ePortfolio system or LiveText/Watermark as designated by my program.
- I understand that I may use my assessment materials according to the parameters of the release forms obtained for children and/or adults who appear in the video. Because parents/guardians and/or adults have not typically granted permission for public use of the videos in which they or their children appear, I will not display videos publicly (i.e., personal websites, YouTube, Facebook) without expressed permission for this purpose from those featured in the video.

ACADEMIC INTEGRITY

Greensboro College Academic Honor Code

All academic endeavors at Greensboro College are based on the expectation and assumption that each student will uphold the highest principles of honesty and fairness. This expectation and assumption finds expression in the Academic Honor code, which every student is committed to uphold.

The Academic Honor Code

- Every student is honor bound to refrain from cheating.
- Every student is honor bound to refrain from plagiarizing.
- Every student is honor bound to refrain from lying.
- Every student is honor bound to refrain from misusing library, laboratory, or computer equipment or materials.
- Every student is honor bound to refrain from disruptive classroom behavior.
- Every student is honor bound to comply strictly with all examination and testing procedures as may be presented by the College, the faculty, or individual members of the faculty.
- Every student is honor bound to report Academic Honor Code violations.

Penalties for Honor Code Violations on edTPA

If a violation has been reported by Pearson on an edTPA score report, the Director of Teacher Education must complete the Honor Code Violation Report Form and contact the co-chairs of the Academic Honor Council by email. At that point the co-chairs will determine whether or not the candidate has previously accepted responsibility or been found responsible for a violation of the Academic Honor Code. If the candidate has previously been found in violation of the Academic Honor Code, the matter is referred to the Academic Honor Council. If not, the Director of Teacher Education will discuss the possible violation with the candidate or request that the candidate be referred to the Academic Honor Council. In addition, the candidate will be referred to the Standards & Dispositions Subcommittee of the Teacher Education Committee. An infraction of the edTPA Policy on Confidentiality and Plagiarism could result in the candidate receiving a failing grade in student teaching or the clinical practicum and/or not being recommended for a North Carolina teaching license.

As a candidate enrolled in the teacher education program/education preparation program at Greensboro College, I agree to abide by all the terms and expectations of the edTPA Policy on Confidentiality and Plagiarism. I understand noncompliance of my responsibilities to students, schools, cooperating teachers/clinical educators, administrators, the community, and Greensboro College may result in my being removed from the program and being unable to obtain a license.

Candidate Signature

Date

Candidate's Printed Name

Greensboro College Student Teaching/Clinical Practicum Recommendation

To be completed by the advisor, a GC faculty member with whom the candidate has had a course, or the clinical educator of the 3000-level fieldwork preceding student teaching/clinical practicum. The school principal or director will complete a recommendation for clinical practicum candidates. The candidate named below has applied for admission to the Student Teaching/Clinical Practicum Program. Please complete and return the form to the Teacher Education Office in Proctor Hall East.

<p>Note of confidentiality: The Educational Rights and Privacy Act of 1974, as amended, allows the candidate the option of waiving his/her right of access to this written evaluation. If the candidate has waived the right of access (see below), then the form will be treated as confidential. NOTE: The information must be completed or the evaluation cannot be completed by the advisor.</p>					
<p>_____ I waive my right of access to the information on this form. _____ I do not waive my right of access to the information on this form.</p>					
<p>Candidate (Print) _____ Licensure Area _____</p>					
<p>_____ Date</p>		<p>_____ Applicant Signature</p>			
Dispositions					
Evaluation:	3-Above Average	2-Satisfactory	1-Unsatisfactory	X-Not Known	
_____	<p>Lifelong Learning/Professionalism Flexible. Punctual. Reliable. Truthful. Professional appearance. Centers attention on students' needs. Fulfills professional, legal, ethical and moral obligations. Maintains membership and actively participates in a professional organization. Participates in professional development opportunities. Takes pride in work. Asks instructor for clarification when needed. Work is submitted on time. Applies professional standards for writing and presentations.</p>				
_____	<p>Valuing Difference Treats all people with dignity and respect. Listens to others and offers input. Acknowledges others' integrity.</p>				
_____	<p>Reflective Practitioner Reflects on and critiques own performance realistically. Takes responsibility for shortcomings. Demonstrates "with-it-ness" (awareness). Strives to grow personally and professionally. Values multiple perspectives. Self-directed, independent learner.</p>				
Communication Skills					
_____	Clarity of oral expression	_____	Clarity of written expression		
<p>Comments: _____ _____ _____ _____</p>					
Applicant Rating					
_____	Above Average	_____	Satisfactory	_____	Unsatisfactory
Recommendation for Admission					
_____	I recommend	_____	I recommend with reservation	_____	I do not recommend
Personal Evaluation					
<p>_____ _____ _____ _____</p>					

_____ Date

_____ Signature of Faculty making recommendation (If not legible, please print name to the right of signature)

Greensboro College Student Teaching/Clinical Practicum Recommendation

To be completed by the advisor, a GC faculty member with whom the candidate has had a course, or the clinical educator of the 3000-level fieldwork preceding student teaching/clinical practicum. The school principal or director will complete a recommendation for clinical practicum candidates. The candidate named below has applied for admission to the Student Teaching/Clinical Practicum Program. Please complete and return the form to the Teacher Education Office in Proctor Hall East.

<p>Note of confidentiality: The Educational Rights and Privacy Act of 1974, as amended, allows the candidate the option of waiving his/her right of access to this written evaluation. If the candidate has waived the right of access (see below), then the form will be treated as confidential. NOTE: The information must be completed or the evaluation cannot be completed by the advisor.</p>					
<p>_____ I waive my right of access to the information on this form. _____ I do not waive my right of access to the information on this form.</p>					
<p>Candidate (Print) _____ Licensure Area _____</p>					
<p>_____ Date</p>		<p>_____ Applicant Signature</p>			
Dispositions					
Evaluation:	3-Above Average	2-Satisfactory	1-Unsatisfactory	X-Not Known	
_____	<p>Lifelong Learning/Professionalism Flexible. Punctual. Reliable. Truthful. Professional appearance. Centers attention on students' needs. Fulfills professional, legal, ethical and moral obligations. Maintains membership and actively participates in a professional organization. Participates in professional development opportunities. Takes pride in work. Asks instructor for clarification when needed. Work is submitted on time. Applies professional standards for writing and presentations.</p>				
_____	<p>Valuing Difference Treats all people with dignity and respect. Listens to others and offers input. Acknowledges others' integrity.</p>				
_____	<p>Reflective Practitioner Reflects on and critiques own performance realistically. Takes responsibility for shortcomings. Demonstrates "with-it-ness" (awareness). Strives to grow personally and professionally. Values multiple perspectives. Self-directed, independent learner.</p>				
Communication Skills					
_____	Clarity of oral expression	_____	Clarity of written expression		
<p>Comments: _____ _____ _____ _____</p>					
Applicant Rating					
_____	Above Average	_____	Satisfactory	_____	Unsatisfactory
Recommendation for Admission					
_____	I recommend	_____	I recommend with reservation	_____	I do not recommend
Personal Evaluation					
<p>_____ _____ _____ _____</p>					

_____ Date

_____ Signature of Faculty making recommendation (If not legible, please print name to the right of signature)

Greensboro College Student Teaching/Clinical Practicum Recommendation

To be completed by the advisor, a GC faculty member with whom the candidate has had a course, or the clinical educator of the 3000-level fieldwork preceding student teaching/clinical practicum. The school principal or director will complete a recommendation for clinical practicum candidates. The candidate named below has applied for admission to the Student Teaching/Clinical Practicum Program. Please complete and return the form to the Teacher Education Office in Proctor Hall East.

<p>Note of confidentiality: The Educational Rights and Privacy Act of 1974, as amended, allows the candidate the option of waiving his/her right of access to this written evaluation. If the candidate has waived the right of access (see below), then the form will be treated as confidential. NOTE: The information must be completed or the evaluation cannot be completed by the advisor.</p>					
<p>_____ I waive my right of access to the information on this form. _____ I do not waive my right of access to the information on this form.</p>					
<p>Candidate (Print) _____ Licensure Area _____</p>					
<p>_____ Date</p>		<p>_____ Applicant Signature</p>			
Dispositions					
Evaluation:	3-Above Average	2-Satisfactory	1-Unsatisfactory	X-Not Known	
_____	<p>Lifelong Learning/Professionalism Flexible. Punctual. Reliable. Truthful. Professional appearance. Centers attention on students' needs. Fulfills professional, legal, ethical and moral obligations. Maintains membership and actively participates in a professional organization. Participates in professional development opportunities. Takes pride in work. Asks instructor for clarification when needed. Work is submitted on time. Applies professional standards for writing and presentations.</p>				
_____	<p>Valuing Difference Treats all people with dignity and respect. Listens to others and offers input. Acknowledges others' integrity.</p>				
_____	<p>Reflective Practitioner Reflects on and critiques own performance realistically. Takes responsibility for shortcomings. Demonstrates "with-it-ness" (awareness). Strives to grow personally and professionally. Values multiple perspectives. Self-directed, independent learner.</p>				
Communication Skills					
_____	Clarity of oral expression	_____	Clarity of written expression		
<p>Comments: _____ _____ _____ _____</p>					
Applicant Rating					
_____	Above Average	_____	Satisfactory	_____	Unsatisfactory
Recommendation for Admission					
_____	I recommend	_____	I recommend with reservation	_____	I do not recommend
Personal Evaluation					
<p>_____ _____ _____ _____</p>					

_____ Date

_____ Signature of Faculty making recommendation (If not legible, please print name to the right of signature)

INTERN STUDENT RECORDS AND CONFIDENTIALITY AGREEMENT

The undersigned will be working in the Guilford County Schools under the supervision of a college or university pursuant to a program between that institution and GCS. For purposes of this Confidentiality Agreement, the undersigned is referred to as "Intern". As an express condition of being permitted to work and learn in the Guilford County Schools, the undersigned Intern acknowledges that confidential student information will be available to Intern and that State and federal law protect that information from distribution to any person not providing educational services to students as contemplated in the Family Educational Right and Privacy Act, FERPA, 20 U.S.C. 1312, and N.C.G.S. 115C-§402. The Intern expressly agrees as follows:

1. **Documents and Records:** The Intern, in the performance of the duties required, may have access to or may create confidential student documents and records. Intern agrees to preserve the confidentiality of such records and to destroy the records as soon as they are no longer necessary for the performance of Intern's obligations pursuant to the program placing Intern with the GCS students. During the course of performing the services pursuant to an internship program at GCS, Intern will have access to confidential student information ("Education Records") protected by the Family Educational Records Privacy Act (34 CFR 99), the North Carolina Identity Theft Protection Act and the federal Social Security Act. Intern shall protect the Student Records whether the Records are stored electronically and/or by hard copy. Additionally, Intern will use the Education Records only for the purpose of fulfilling its duties under the Program, and will not share such data with or disclose it to any third party except as provided for in the Program unless authorized in writing by the GCS.

For the purpose of this Agreement, Intern shall be designated as a "school official" with "legitimate educational interests" in GCS's educational records, as those terms have been defined under FERPA and its implementing regulations, and Intern agrees to abide by the limitations and requirements imposed by 33 C.F.R. 99.33(a) on school officials.

2. **Destruction of Records at Conclusion of Program:** Intern agrees to destroy all personally identifiable student information as soon as the information is no longer required by the Program and to notify the Supervisor that the information has been destroyed.
3. **Student Information and Social Media:** In addition to the other prohibitions about disclosing confidential student information, Intern shall not disclose any personally identifiable information about students using any social media service or device and shall not communicate with any students of GCS using social media devices. Failure to abide by this provision will result in serious consequences, up to and including termination from the Program.
4. **Security Breach:** In the event that the security of personally identifiable data of students is breached by Intern, Intern shall be required to notify GCS immediately, but in no event within 24 hours, of any unauthorized access to data in violation of any state or federal law, including but not limited to FERPA or the North Carolina Identify Theft Protection Act. Such notice shall be in accordance with the Education Law §2d (6) and any implementing regulations thereunder.

I agree to abide by all of the terms of this Agreement as an express condition of participation in the Program allowing me access to GCS.

Print Name

Signature

Date

Guidelines for Obtaining a Criminal Records Check for Student Teaching

Step 1

The Student Teaching Information Form, Intern Student Records and Confidentiality Agreement, and Guilford County Schools Release of Information Form are completed by each candidate requesting placement in Guilford County Schools.

Step 2

If you have lived in a state other than North Carolina in the last 7 years (while over the age of 16), The 2-pg Authorization and Acknowledgement Regarding Background Investigation must be completed and submitted to BIB, Inc. by fax (704)439-3901.

Step 3

Greensboro College will identify a clinical educator for each candidate and gain approval from the clinical educator and school principal. Candidates are not to contact clinical educators or schools without the consent of the Director of Teacher Education.

Step 4

Greensboro College ensures the Student Teacher Information Form, Intern Student Records and Confidentiality Agreement and Release of Information Form for each candidate is completed and submitted to Guilford County Schools.

Other

If you intend to request a placement outside of Guilford County, the Greensboro College Disclosure and Authorization will be submitted along with the Greensboro College Petition for Exception to Teacher Education Policy Form signed by your advisor and the college faculty member supervising the student teaching placement. The cost for the check will be billed during the student teaching semester. Placements outside Guilford County will incur a \$150 fee in addition to the student teaching fee.



Student Teacher/Intern Information Form

Student's Name _____
Last First Middle

Contact phone number (_____) _____

E-mail _____

Licensure Area: _____

University/College _____

I plan to begin Student Teaching/Interning from _____(date) to _____(date). Graduation date /semester _____

To be considered for placement, Guilford County Schools requires the completion of a background check. Please complete our *GCS Release of Information* form so that we may perform a NC criminal background check. If you have lived out of the state of North Carolina within the last seven years, we also require an out of state background check. The out of state background check must be completed through the Background Investigation Bureau (BIB) at the student's expense.
All forms must be completed or your request for student teaching cannot be processed.

I understand the above forms are required and agree to submit them as requested by the District. I understand that failure to do so may result in my request being denied.

Signature of Student _____ Date _____

Note to Student: Please return this form to the university representative. The university representative will ensure the bottom section of this form is completed by the cooperating teacher and the principal where you will do your student teaching placement.

To be completed by the cooperating teacher.

Cooperating Teacher's Name _____
Last First Middle

School Name _____

Subject(s) and/or Grade level(s) I will teach while the student is placed with me _____

Licensure Area(s) _____

I have successfully completed 3 years of teaching experience. Yes___ No___ Total years of teaching experience ____
I have a rating of Proficient or higher on my last Summary Evaluation Rating on 3 out of 5 standards, including standard 4 (If you were on an abbreviated evaluation cycle – confirm that you have a rating of proficient or higher on standard 4). Yes___ No___

Signature of Teacher _____ Date _____

Signature of Principal _____ Date _____

This form must have the signature of the principal.

GUILFORD COUNTY SCHOOLS (GCS) RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in consideration for employment and/or in the course of your employment with the Guilford County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: _____ First: _____
Middle: _____ Other (Maiden, Aliases, etc.): _____
Present Address: _____ Social Security #: ____-____-_____
City: _____ State: _____ Zip Code: _____
Date of birth: _____ Home Phone: () _____-_____-_____
Month Day Year Driver's License # _____ State: _____

This information is voluntary and will not affect your opportunity for employment or terms or conditions of employment.

Ethnicity: Are you of **Hispanic or Latino** ethnicity-a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race? **Yes** **NO**

Race: Please check one or more of the descriptions below corresponding to the racial group(s) with which you identify:

- American Indian or Alaska Native** –A person having origins of North and South America (including Central America) and maintain tribal affiliation or community attachment
- Asian** – A person having origins in any of the original petioles of the Far East, Southeast Asia or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** – A person having origins in any of the black racial group of Africa
- Native Hawaiian or Other Pacific Islander**-A person having origins in any of the peoples of Hawaii, Guam, Samoa, other Pacific Islands
- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

Street	City	County	State	Dates

Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.

Are you a retiree of the NC Teachers and State Employees Retirement System? yes no

If yes, when did you retire? _____(mm/dd/yyyy) If yes, have you served a six month break in service? yes no

Position nominated for: _____ Previously worked for GCS: yes no

School/Location: _____ Applicant's Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Guilford County Schools, (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”) and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Guilford County Schools
AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize **Guilford County Schools**, ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law. I agree that a facsimile ("fax"), photographic copy, or digital copy of this Authorization shall be as valid as the original.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle	
Last Name		First	Middle	
Last Name		First	Middle	
Home Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date of Birth	Social Security No.		Gender	Race
Drivers License Number		State Issued	Expires	

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

Street	City	State	Zip	Dates (MM/YEAR)
<u>123 Anywhere Lane</u>	<u>Anywhere</u>	<u>NC</u>	<u>99999</u>	<u>From: 01/07 To: 10/07</u>
_____	_____	_____	_____	From: _____ To: _____
_____	_____	_____	_____	From: _____ To: _____
_____	_____	_____	_____	From: _____ To: _____
_____	_____	_____	_____	From: _____ To: _____

COUNTY CHARGES are PER NAME - Maiden & Alias names are treated as separate searches

Only submit out of state counties you resided in within the last 7 years.

COUNTY CRIMINAL RECORD SEARCH FOR THE FOLLOWING AREAS:

1) \$ 0.00 2) \$ _____ 3) \$ _____ 4) \$ _____ 5) \$ _____ **(Add Lines 1-5 PLUS \$3.00)** TOTAL AMOUNT DUE: \$ _____
COST: \$3.00 PLUS \$12 per County in ALL States with the exception of: SD Counties @ \$20 - ALL NY areas = 1x \$69

Acceptable forms of payment: Visa / MC / Discover / Amex or Money Order - For CC Orders, please provide your email address:

Email Address: _____

Fax to BIB: 704-439-3901

Mail to: BIB – Attn: Student Processing – 9710 Northcross Center Court – Huntersville – NC 28078

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for Guilford County Schools (“the Company”) in Massachusetts, Minnesota, New Jersey, New York, or Washington State, please note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later.

NEW JERSEY APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

NEW YORK APPLICANTS/EMPLOYEES: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

WASHINGTON STATE APPLICANTS/EMPLOYEES: If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Guilford County Schools, (the “Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877)439-3900. The source of any credit report will be Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The BIB privacy policy may be found at www.BIB.com

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Greensboro College APPLICANT - EMPLOYEE DOCUMENTS

TO BE COMPLETED BY APPLICANTS PLANNING TO STUDENT TEACH OUTSIDE GUILFORD COUNTY SCHOOLS.

The following pages contain 4 documents:

- “Disclosure and Authorization”** – This document MUST be signed by every applicant or employee BEFORE an order for any employment screening report including Reference Reports, Verifications or Background Checks. It must remain a “stand-alone” document and may not be combined with other forms or applications.
- “A Summary of Your Rights under the Fair Credit Reporting Act”** – This is a 3-page informational document that explains the applicant’s rights under the FCRA. It MUST be given to every applicant along with the Applicant Disclosure and Authorization.
- “Additional State Law Notices”**: If Employer has an applicant or employee that is living in or is seeking work for the Company in Massachusetts, Minnesota, New Jersey, New York or Washington State, supply them with the additional Notices.
- California applicants or employees only**: The Company agrees to provide a copy of an investigative consumer report when required to do so under California law.

Greensboro College DISCLOSURE & AUTHORIZATION

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Greensboro College (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT”, “ADDITIONAL STATE LAW NOTICES” and certify that I have read and understand those documents. I hereby authorize Greensboro College (“the Company”) to obtain “consumer reports” and/or “investigative consumer reports” about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or Company itself. I agree that a facsimile (“fax”) or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ **Date** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Personal Identifying Information Needed for Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle	
Last Name		First	Middle	
Last Name		First	Middle	
Home Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
*Date of Birth	*Social Security No.		Gender	Race
Drivers License Number		State Issued		Expires

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out

with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. **You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; www.equifax.com
- Experian: 1-888-397-3742; www.experian.com
- TransUnion: 1-800-680-7289; www.transunion.com

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report.

An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit www.consumerfinance.gov/learnmore.

2. **You have the right to free copies of the information in your file (your “file disclosure”).**

An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in

your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also have the ability to obtain additional free file disclosures under other provisions of the FCRA. See www.consumerfinance.gov/learnmore.

3. **You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances a business can refuse to provide you with these documents. See www.consumerfinance.gov/learnmore.

4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.

5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To learn more about identity theft and how to deal with its consequences, visit www.consumerfinance.gov/learnmore, or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at www.consumerfinance.gov/learnmore.

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for Greensboro College (“the Company”) in Massachusetts, Minnesota, New Jersey, New York or Washington State, please also note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877)439-3900

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later.

New Jersey Applicants/Employees: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877)439-3900.

NEW YORK Applicants/Employees: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

WASHINGTON STATE APPLICANTS/EMPLOYEES: If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Greensboro College, (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, Your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Background Investigation Bureau, LLC, ("BIB") who may be reached at 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The source of any credit report will be Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The BIB privacy policy may be found at www.BIB.com.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.