



OFFICE OF DEPUTY SUPERINTENDENT
TEACHING & LEARNING

PRACTICUM/STUDENT TEACHING CLEARANCE FORM

NAME	<input type="checkbox"/> Practicum <input type="checkbox"/> Student Teaching
ADDRESS	CITY, STATE, ZIP
PHONE/CELL NUMBER	EMAIL

COOPERATING TEACHER	SCHOOL
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UNIVERSITY/COLLEGE AFFILIATION	
MAJOR/MINOR FIELD	EXPECTED GRADUATION DATE

STATE OF ARIZONA FINGERPRINT CLEARANCE CARD

AZ IVP CARD NUMBER	EXPIRATION DATE
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ARIZONA EDUCATOR PROFICIENCY ASSESSMENT (AEP)/ NATIONAL EVALUATION SERIES (NES)

I have taken the Subject Knowledge Exam Date

I have taken the Professional Knowledge Exam Date

Scheduled Assessments:

AEP/NES Date

OUT OF STATE Date

IMPORTANT

All teacher candidates are required to complete and return clearance forms to the Office of Curriculum, Instruction and Professional Development **prior** to commencing field experience work or student teaching. You will be notified via email when your application has been cleared. Please direct any questions pertaining to this form and/or its stipulations to Liz Rowe at liz.rowe@tusd1.org.

Notice of Nondiscrimination

Tucson Unified School District does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, or disability in admission or access to, or treatment or employment in its educational programs or activities.



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Certification Regarding Criminal Record

CONVICTION REPORT

(Check if this statement is true) I **AM NOT** awaiting trial on or I have never been convicted of or admitted committing any of the criminal offenses listed in question 5.

(Check if this statement is true) I **AM** awaiting trial on or I have been convicted of or admitted committing the criminal offenses in this state or similar offenses in another jurisdiction, which are circled below in question 5.

- 1. Have you ever been convicted of a minor offense other than traffic violations? Yes No
- 2. Have you ever been convicted of a felony? Yes No
- 3. Have you ever been convicted of a drug-related offense? Yes No
- 4. Have you ever been convicted of a sex-related offense? Yes No
- 5. Have you ever been convicted of any of the following? Yes No
 - a. Sexual abuse of a minor.
 - b. Incest.
 - c. First or second-degree murder.
 - d. Kidnapping.
 - e. Arson.
 - f. Sexual assault.
 - g. Sexual exploitation of a minor.
 - h. Felony offenses involving contributing to the delinquency of a minor.
 - i. Commercial sexual exploitation of a minor.
 - j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
 - k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
 - l. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
 - m. Burglary in the first degree.
 - n. Burglary in the second or third degree.
 - o. Aggravated or armed robbery.
 - p. Robbery.
 - q. A dangerous crime against children as defined in § 13-604.01.
 - r. Child abuse.
 - s. Sexual conduct with a minor.
 - t. Molestation of a child.
 - u. Manslaughter.
 - v. Aggravated assault.
 - w. Assault.
 - x. Exploitation of minors involving drug offenses.

If any of the above answers are marked "YES," fill in the information below.

Conviction Charge(s):

Date of Conviction:

City/State:

Amount of Fine:

Length of jail term:

Length and Terms of Probation:

Comments:

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will serve as grounds to refuse to allow me to volunteer for Tucson Unified School District.

I authorize the Tucson Unified School District to request and obtain records to determine the accuracy of my responses.

Signature:

Date:

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