

Residency II Acknowledgement Form

Congratulations on your placement in ED 455 Residency II: Student Teaching for Spring 2021. This experience will help you put into practice the knowledge and skills that you have acquired during your academic studies and will equip you with an additional set of practical skills for teaching in the K-12 classrooms in Louisiana. We want you to follow best practices that will support your safety and success at the assigned residency site. We also want you to acknowledge that you have received information pertinent to your residency requirements.

If you have questions at any time during your residency, please contact the OPLE Director, Student Teaching Residency Coordinator and department head for Curriculum and Instruction on the GSU campus. Contact information is listed below.

Dr. Cheyrl Ensley, Department Head Office Number: 318-274-2549
Dr. Patricia Johnson, Director, OPLE Office Number: 318-274-2772
Ms. R. Russell, ST Residency Coord. Office Number: 318-274-2184

Email address: ensleyc@gram.edu
Email address: johnsonp@gram.edu
Email address: johnsonp@gram.edu
Email address: johnsonp@gram.edu

My signature below indicates that I have reviewed the information on this form and have read the guidelines and residency requirements provided by the Office of Professional Laboratory Experiences related to the Teaching Residency Program and Residency II course at GSU. These guidelines include specific information related to program admission, placements, PRAXIS testing requirements, course assessments, program exit, and COVID-19 safety measures. My signature also acknowledges the fact that if at any time during the Residency II I feel unsafe, or cannot meet the course and program guidelines, that the OPLE Director, Student Teaching Residency Coordinator and department head will be notified. Form must be signed and returned no later than January 29, 2021.

Student: Print Name		OPLE Director: Print Name		Department Head: Print Name	
Student: Signature	Date	OPLE Director Signature	Date	Department Head: Signature	Date

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