



**Leah Tunnell**

*Executive Director of Human Resources*

To: Clinical Teaching Candidates

If you are requesting placement as a **Clinical Teacher** for your alternative certification program or college/university degree, please read the following requirements and complete the **Clinical Teaching Packet**. Your request will be approved within five (5) business days.

**PROCEDURE FOR CLINICAL TEACHING CANDIDATES:**

1. Potential candidates should fill out the Clinical Teaching Packet located on the Human Resources page of the FISD website at [myfisd.com](http://myfisd.com).
2. The packet needs to be returned to Chrissy Houting in Human Resources by email at [chouting@fisd12.net](mailto:chouting@fisd12.net) or may be delivered to 302 Laurel Drive, Friendswood, TX 77546.
3. Human Resources will make contact with the candidate or university regarding personal data the district needs to collect before clinical teaching can be assigned in Friendswood ISD.
4. Human Resources will run a criminal history background check. If clear, the candidate will proceed.
5. Candidates **MUST** get fingerprinted **BEFORE** they can begin clinical teaching in FISD, so that FISD can subscribe to their fingerprints via SBEC and DPS database. This is a personal cost the clinical teacher will incur. Fingerprinting runs approximately \$50.00.
6. Human Resources will coordinate placement with the appropriate Assistant Superintendent.
7. Human Resources will notify candidate and university supervisor of assignment, including contact information of supervising teacher, principal and Assistant Superintendent.
8. All remaining communication regarding the clinical teacher and his/her assignment will be done via the university liaison and the FISD campus. If there are issues that require district level assistance or communication, campus will alert HR.

*Any questions regarding Clinical Teaching should be directed to Chrissy Houting at [chouting@fisd12.net](mailto:chouting@fisd12.net) or 281-996-6604.*

Sincerely,

*Leah Tunnell*

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*Executive Director of Human Resources*

*Lead to Achieve Excellence in All Endeavors*

# Clinical Teaching Candidate

2018-2019

Friendswood ISD is authorized by state law to obtain criminal history record information on individuals who intend to serve as observers/volunteers for the District (Texas Education Code 22.08). The information below is necessary to obtain criminal history record information.

This information will be reviewed only by the Director of Human Resources and HR Staff. You will be contacted immediately if there is a question that might compromise the safety of our students.

***The following information is required for the protection of our children and is confidential.***

**Name (Please print):**

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*Last*                                      *First*                                      *Middle*                                      *Maiden*

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*Address*                                      *City*                                      *State*                                      *Zip code*

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\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**Social Security Number**                                      **Date of Birth**                                      **State**                                      **Driver's License/State ID**

**Gender:**

Male  
Female

**Ethnicity:**

African American  
Anglo  
Hispanic  
American Indian  
Asian

**Clinical Teaching Info:**

Supervisor: \_\_\_\_\_  
University: \_\_\_\_\_  
ACP: \_\_\_\_\_

Requested Campus: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

I understand the importance of confidentiality and agree to keep any names and/or student information strictly private and confidential.

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for participation, but will be used ***solely for the purpose*** of obtaining criminal history record information for involvement as an observer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Submit completed forms to: Fisd Human Resources Department  
Attn: Chrissy Houting  
302 Laurel Drive  
Friendswood, TX 77546  
chouting@fisdk12.net

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# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

Friendswood ISD  
Agency Name (Please print)

Christian Houting  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

**Friendswood ISD Confidentiality Agreement**  
**For Student Teachers/Student Observers**

As a student guest of the Friendswood Independent School District, I understand the following:

1. I may have access to information related to student data, testing, demographics, and other sensitive data.
2. The work performed by the teacher I am observing/working under is vital to the success of the organization, and while most data I may see is subject to open records requests, I must take steps to assure that any confidential information is handled with care and fidelity.
3. All student information is considered confidential. Any person who has access privileges to any type of student records, including but not limited to addresses, phone numbers, emergency contacts, or any type of personally identifiable information, must keep that knowledge and information private. An employee/guest student of the District should take all precautions to refrain from disclosing confidential student information without the prior written approval of the student's parent and/or guardian.
4. Information that can be accessed should not be viewed or used for personal reasons or for mere curiosity.

I have read the above statements and I agree to keep any and all information related to the work performed by me confidential. I will only discuss this information with my supervising teacher and/or campus administration, as appropriate. I will not add, change or delete information without proper authorization nor will I view or use information that I can access for personal reasons or curiosity. I further understand that a violation of this agreement could result in disciplinary action, up to and including exclusion from observing and/or student teaching.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature