



**Northside Independent School District**  
**Human Resources Department**  
5617 Grissom Road, San Antonio, TX 78238  
(210) 397-8600 / Fax (210) 706-7228

**University Practicum Agreement**

An authorization to conduct a criminal history check is required of Northside Independent School District college/university students who will work directly with students. The Human Resources Department will be responsible for conducting criminal history checks. Information obtained will be used solely to determine eligibility for service as a clinical teacher candidate/practicum student. Your completion of this form in its entirety and submission authorizes the Northside Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine your acceptability for clinical teaching or internship/practicum assignment. Failure to clear the criminal history record check as per District policy may disqualify you to serve as a clinical teacher candidate/practicum student in the District.

**A valid email address is required. Middle name is required. Please check the box if you have no middle name. DO NOT USE apostrophes or accent characters in your name. (hyphens are acceptable)**

**\* required fields**

<b>First Name*</b>	<input type="text"/>	<b>Phone *</b>	<input type="text"/>
		(xxx-xxx-xxxx)	
<b>Middle Name*</b>	<input type="text"/>	<b>Date of Birth *</b>	<input type="text"/>
		(mm/dd/yyyy)	
<b>If no middle name check here</b>	<input type="checkbox"/> I have no middle name	<b>Enter SSN*</b>	<input type="text"/>
		(xxxxxxxx)	
<b>Last Name*</b>	<input type="text"/>	<b>Gender *</b>	<input type="text"/>
<b>Suffix (Jr, IV, Sr)</b>	<input type="text"/>	<b>Drivers License</b>	<input type="text"/>
		(If none, type 'none')*	
<b>Email*</b>	<input type="text"/>	<b>Drivers License</b>	<input type="text"/>
		<b>State *</b>	<input type="text"/>
<b>Street Number*</b>	<input type="text"/>		
<b>Street Name*</b>	<input type="text"/>		
<b>City*</b>	<input type="text"/>	<b>Semester/Dates*</b>	<input type="text"/>
<b>State*</b>	<input type="text"/>	<b>Preferred campus</b>	<input type="text"/>
<b>Zip*</b>	<input type="text"/>		

This agreement is required for all individuals who will be completing requirements for a college or university class at a Northside ISD facility. Acknowledge agreement by checking each box below.

- ☐ 1. Participant agrees to abide by the rules and policies of the District while engaged in any activities related to or associated with Participant's practicum work at the District.
- ☐ 2. Participant acknowledges and understands that no employee-employer relationship exists between the participant and the District.
- ☐ 3. Participant acknowledges not to complete clinical teaching at a campus where their children or siblings attend and/or a campus where relatives are employed.
- ☐ 4. Participant acknowledges the immunity granted school districts regarding personal injury, death and property damage pursuant to Texas Civil Practice and Remedies Code, Section 101.001, et seq., Tort Claims Act.
- ☐ 5. Participant agrees to cooperate with the District in the defense of any claim, suit, or administrative proceeding involving the Participants activity in the service of the District.
- ☐ 6. Any materials and equipment borrowed/issued should be returned to the proper district person at the end of the practicum/observation.
- ☐ 7. All college/university students are prohibited from communicating with students who are enrolled in any district through text and all forms of social media.
- ☐ 8. Participant agrees that student and District information is confidential and shall remain confidential.
- ☐ 9. Participant agrees that they are not to transport District students.
- ☐ 10. Prior to performing any duties at the District, Participant agrees that this form will be submitted to a criminal background check to be conducted by the District, including a national background check (\*National inquiries require Participant's social security number and date of birth).

Signature of Participant below signifies an understanding of and an agreement to abide by the terms of this agreement. Failure to comply with any and all terms of this agreement may result in termination of the agreement.

Participant's Signature: \_\_\_\_\_

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