



Admissions to Job-Embedded Observation Application

Please TYPE on this document.

Deadline: March 30 (Fall) or October 30 (Spring)

This form is to serve as a declaration of my request **Job-Embedded Observation** during the _____ Semester of 20____ to complete required four (4) TEAMS evaluations. I understand that I must have registered, taken, and received scores for the Praxis II Content Knowledge Exam that pertains to my area of sought licensure **and** enroll in EDCI 5620 – Alternative Licensure II.

Job-Embedded Expiration Date (as stated in TNCompass):

Endorsement Area:

TN Compass #

Student's Name (Print)

T #

Phone #

Email Address

School Name	School District	School Address
School Administrator	Administrator Email Address	School Phone Number
Grade Level (s)	Years at School Site	School Website

Completed Program of Study, *verification that this is your final semester of coursework.*

[Two \(2\) Disposition Assessment Form](#)

➤ #1 Disposition [School Administrator] _____

➤ #2 Disposition [University Faculty] _____

***Please return this document to the Office of Teacher Education and Student Services, Clay Hall, 112 or via email at teachercertification@tnstate.edu**

TESS Office Only **Date Received** _____ **By** _____

Application for Job-Embedded (Semester/Date): _____

Approved Denied Reason for Denial: _____