

University of PARKSIDE
Wisconsin

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## SELF-REPORTING STATEMENT (ADDENDUM TO CRIMINAL BACKGROUND CHECK)

	Semester: ☐ Fal	☐ Spring	20	
Last Name:	First Name:	Middle Initial:	Student ID Number:	
Mailing Address:		Phone Number:		Ranger Email Address:
with the Institute of Profession of Profession of Profession of Profession of Profession of Profession of Program by the end of the financial of Program by the end of the financial of Program at UW-Pammediately if any of the representation of the profession of Profession of the profession of Profession of the Profession of	with this Self-Reporting Statem onal Educator Development. The many leading to licensure or record clinical field placement. If the irst week of classes each sements may research side. After you have submit ported responses to the follow we questions, you will be contained and will determine whether the ent you are denied admission of the Educator Preparation Proy questions regarding this form	the Teacher Educate puiring clinical expensions form has not been exter, you will be result in denial of admitted this form, it is a sing questions shouncted. You may be restorated admit you or allower continued program committee in program committee.	ion Program refriences to contensubmitted emoved from hission or contension or contension of the properties of the prope	requires all applicants and mplete this form each to the Teacher Education your clinical placement for tinuation in the Teacher bility to notify the program further information is ovide your consent to obtain enrollment based on the on the results of this form,
Yes No Sine	Since your last criminal background check was completed, have you been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors.)			
	ce your last criminal backgrou udication or similar dispositior	•	•	
	ce your last criminal backgrou nmunity supervision for any fe	•	•	•
	ce your last criminal backgrou ninal offense in a country outs	•	•	•
☐ Yes ☐ No As o	of the date of this addendum,	do you have any p	ending charge	es against you?
I understand that the Teac	y of the questions above, plea cher Education Program will p ground checks, and any other	eriodically review	my dispositio	·
eligibility for the Teacher E	Education Program.			
Signature:	Date:			
I understand that the Teacher Education Program may share conduct and competency results with school districts				

where I will be participating in clinical field experiences. I further understand that some districts may require additional criminal background investigations beyond what is provided through campus police. These additional requests may incur costs to the student.

Signature: Date: