

SELF-REPORTING STATEMENT (ADDENDUM TO CRIMINAL BACKGROUND CHECK)

Semester: Fall Spring 20__

Last Name:	First Name:	Middle Initial:	Student ID Number: Student SS#:
Mailing Address:		Phone Number:	Ranger Email Address:

The information contained with this Self-Reporting Statement is important information that **MUST** be kept up-to-date with the Institute of Professional Educator Development. The Teacher Education Program requires all applicants and enrolled candidates in programs leading to licensure or requiring clinical experiences to complete this form each semester prior to beginning a clinical field placement. **If this form has not been submitted to the Teacher Education Program by the end of the first week of classes each semester, you will be removed from your clinical placement for that semester.** Any false or misleading statements may result in denial of admission or continuation in the Teacher Education Program at UW-Parkside. After you have submitted this form, it is your responsibility to notify the program immediately if any of the reported responses to the following questions should change. If further information is necessary on any of the below questions, you will be contacted. You may be required to provide your consent to obtain further information. The program will determine whether to admit you or allow continued enrollment based on the following answers. In the event you are denied admission or continued progression based on the results of this form, you have the right to appeal to the Educator Preparation Program committee. For more information regarding the appeal procedure, or with any questions regarding this form, please call (262) 595-2180.

<input type="checkbox"/> Yes <input type="checkbox"/> No	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.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since your last criminal background check was completed, have you received deferred adjudication or similar disposition for any federal, state, or municipal offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since your last criminal background check was completed, have you received probation or community supervision for any federal, state, or municipal offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since your last criminal background check was completed, have you been convicted of any criminal offense in a country outside the jurisdiction of the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	As of the date of this addendum, do you have any pending charges against you?
If you answered "yes" to any of the questions above, please provide details here:	

I understand that the Teacher Education Program will periodically review my dispositional records, conduct and competency records, background checks, and any other pertinent records to determine my eligibility or continued eligibility for the Teacher 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: