

**Sonoma State University**  
**Single Subject Program**  
**EDSS 458 Student Teaching Update**

**Placement for: Fall / Spring \_\_\_\_\_**  
*please circle* *Year*

Students begin their first semester of practice teaching at a school site for observation/participation and typically continue into full-time student teaching at the same school. In the space provided (1) indicate your current address, email, and phone number, (2) update your progress towards completing requirements, and (3) report your 458 site information.

**STUDENT NAME:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

Subject Area: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Local Address: \_\_\_\_\_

**REQUIREMENTS: THE FOLLOWING MUST BE COMPLETED BEFORE 458**

*Please circle the requirements that have been successfully completed. Items #1-5 must be on file in the Credential Office. If not, indicate the anticipated date of completion. It is your responsibility to submit these documents to the Credential Office.*

- |  |                        |         |                    |
|--|------------------------|---------|--------------------|
| 1. Valid Negative TB results                   | Yes                    | No      | Date: _____        |
| 2. Certificate of Clearance / Emergency Permit | Yes                    | No      | Date: _____        |
| 3. CBEST Passed                                | Yes                    | No      | Date Passed: _____ |
| 4. Subject Matter Competency Met (check one)   |                        |         |                    |
| a. exam – CSET or Praxis                       | Yes                    | No      | Date Passed: _____ |
| b. waiver program                              | Which one: _____       |         |                    |
| 5. Portfolio Interview Appointment Request     | Yes                    | Not yet |                    |
| 6. Successful completion of 443A:              | 443B Instructor: _____ |         |                    |

**INFORMATION REGARDING 458 PLACEMENT:**

School Name: \_\_\_\_\_  
Resident Teacher Name (*first and last*) \_\_\_\_\_

Primary Subject Area Classes: \_\_\_\_\_  
(*list title of classes*)

3<sup>rd</sup> Class : \_\_\_\_\_

**Signature of Resident Teacher:** \_\_\_\_\_

**Return this form to Michael Lesch – School of Education**  
**Or FAX: (707) 664-2483**