



**Friendswood**  
Independent School District

281-482-1267  
Assistant, Susan Pulido  
302 Laurel Drive  
Friendswood, Texas 77546  
myfisd.com  
[lfoley@fisd12.net](mailto:lfoley@fisd12.net)

To: Clinical Teaching Candidates

If you are requesting placement as a **Clinical Teacher** for your alternative certification program or college/university degree, please read the following requirements and complete the **Clinical Teaching Packet**. If approved, you will be notified.

**PROCEDURE FOR CLINICAL TEACHING CANDIDATES:**

1. Potential candidates should fill out the Clinical Teaching Packet located on the Human Resources page of the FISD website at myfisd.com.
2. The packet needs to be returned to Hope Coburn in Human Resources by email at hcoburn@fisd12.net or may be delivered to 302 Laurel Drive, Friendswood, TX 77546.
3. Human Resources will make contact with the candidate or university regarding personal data the district needs to collect before clinical teaching can be assigned in Friendswood ISD.
4. Human Resources will run a criminal history background check. If clear, the candidate will proceed.
5. Candidates **MUST** get fingerprinted **BEFORE** they can begin clinical teaching in FISD, so that FISD can subscribe to their fingerprints via SBEC and DPS database. This is a personal cost the clinical teacher will incur. Fingerprinting runs approximately \$50.00. Please note: FISD will contact you regarding this process. **DO NOT** self-initiate your fingerprinting, this will require you to be fingerprinted twice and increase your fees.
6. Human Resources will coordinate placement with the appropriate Assistant Superintendent.
7. Human Resources will notify candidate and university supervisor of assignment, including contact information of supervising teacher, principal and Assistant Superintendent.
8. All remaining communication regarding the clinical teacher and his/her assignment will be done via the university liaison and the FISD campus. If there are issues that require district level assistance or communication, campus will alert HR.

*Any questions regarding Clinical Teaching should be directed to Hope Coburn at hcoburn@fisd12.net or 281-996-6604.*

Respectfully,

A handwritten signature in blue ink that reads "Lindsey Foley".

Lindsey Foley  
Executive Director of Human Resources  
Friendswood Independent School District  
Direct Line: (281) 996-6624  
Email: [lfoley@fisd12.net](mailto:lfoley@fisd12.net)

# Clinical Teaching Candidate

2021-2022

Friendswood ISD is authorized by state law to obtain criminal history record information on individuals who intend to serve as observers/volunteers for the District (Texas Education Code 22.08). The information below is necessary to obtain criminal history record information.

This information will be reviewed only by the Director of Human Resources and HR Staff. You will be contacted immediately if there is a question that might compromise the safety of our students.

***The following information is required for the protection of our children and is confidential.***

**Name (Please print):**

\_\_\_\_\_

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
-------------	--------------	---------------	---------------

\_\_\_\_\_

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
----------------	-------------	--------------	-----------------

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**Social Security Number**      **Date of Birth**      **State Driver's License/State ID**

**Gender:**

Male   
Female

**Ethnicity:**

African American   
Anglo   
Hispanic   
American Indian   
Asian

**Purpose:**

University: \_\_\_\_\_  
Professor: \_\_\_\_\_  
ACP: \_\_\_\_\_  
*Alternative Certification Program*

**Requested Campus(es):**

Cline Elem       Westwood Elem       Junior High  
 Windsong Int       Bales Int       High School  
 Special Ed/Services

Grade/Subject: \_\_\_\_\_

\*Please be sure to specify a subject!

I understand the importance of confidentiality and agree to keep any names and/or student information strictly private and confidential. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for participation, but will be used ***solely for the purpose*** of obtaining criminal history record information for involvement as an observer.

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

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Submit completed forms to: FISD Human Resources Department:  
ATTN: ***Hope Coburn at hcoburn@fisdk12.net*** or 302 Laurel Dr., Friendswood TX 77546

**Friendswood ISD Confidentiality Agreement**  
**For Clinical Teachers/Field Observers**

As a student guest of the Friendswood Independent School District, I understand the following:

1. I may have access to information related to student data, testing, demographics, and other sensitive data.
2. The work performed by the teacher I am observing/working under is vital to the success of the organization, and while most data I may see is subject to open records requests, I must take steps to assure that any confidential information is handled with care and fidelity.
3. All student information is considered confidential. Any person who has access privileges to any type of student records, including but not limited to addresses, phone numbers, emergency contacts, or any type of personally identifiable information, must keep that knowledge and information private. An employee/guest student of the District should take all precautions to refrain from disclosing confidential student information without the prior written approval of the student's parent and/or guardian.
4. Information that can be accessed should not be viewed or used for personal reasons or for mere curiosity.

I have read the above statements and I agree to keep any and all information related to the work performed by me confidential. I will only discuss this information with my supervising teacher and/or campus administration, as appropriate. I will not add, change or delete information without proper authorization nor will I view or use information that I can access for personal reasons or curiosity. I further understand that a violation of this agreement could result in disciplinary action, up to and including exclusion from observing and/or student teaching.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature