

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS  
Office of the Principal

**OBSERVATION REQUESTS FROM COLLEGE STUDENTS**  
*(Classroom observations only)*

**Note for the Principal:**

Please have any college student inquiring about an observation assignment complete the following information after discussing the assignment request with you. A college student is now required to go through the fingerprinting/criminal background check processes, provide a Mantoux reading within six months and receive Board approval. Once placement is approved, this process will be managed by the Director of Education's office.

**Responsibilities for the College Student:**

Please see requirements above in Note for the Principal. Make an appointment with the Principal to discuss placement. Please submit the criminal background clearance letter, Mantoux form along with this completed form signed by the principal to the Director of Education's office, 46 Highlander Drive, West Milford, NJ 07480. You will be notified when the Board of Education has approved you to observe a class.

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COLLEGE OR UNIVERSITY: \_\_\_\_\_

SUBJECT FIELD AND/OR GRADE LEVEL: \_\_\_\_\_

DATE RANGE REQUESTED *(specific dates cannot be guaranteed)*: \_\_\_\_\_

TOTAL NUMBER OF DAYS AND/OR HOURS REQUESTED: \_\_\_\_\_

My signature indicates that I have provided the principal with a written request on letterhead from my college/university indicating that this observation is required.

*Signature* \_\_\_\_\_

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Recommended by Principal: \_\_\_ Yes \_\_\_ No    Recommended to another building: \_\_\_ Yes \_\_\_ No

Assigned to *(Teacher's name & grade level)*: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Education's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Board Approved:

**\*\*\*No surveys nor videotaping of any nature can be administered as part of your observation experience.**

## CRIMINAL HISTORY INSTRUCTIONS FOR NEW APPLICANTS

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: **<http://www.nj.gov/education/educators/crimhist>**. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."
  
2. Select Option #1: "**New Administration Fee Request (New Applicants Only)**" - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
  - \* 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools
  2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children with Disabilities, Charter Schools and Authorized School Bus Contractors
  3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
  4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies
  
3. Complete the requested applicant information (to include the county/district/school/contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
  
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You **MUST** click the "**Make Payment**" button only one time to complete the transaction.

5. After completing the transaction, the individual will be presented with three required steps:
  1. View and/or print your New Administration Fee Payment Request confirmation page
  2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
  3. Click here to schedule your fingerprinting appointment with MorphoTrust

Select the first option "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.

Next select the second option "**Complete and/or print your IdentoGO NJ Universal Fingerprint Form**" to complete the IdentoGO NJ Universal Fingerprint Form. After the form is complete, you must click on the "**Submit**" button at the bottom of the page. When the form has been submitted, you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.

Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.

\* See next page

\* 22. Are volunteers and student teachers required to undergo the CHRC process?

Unpaid volunteers may be submitted for the state and federal criminal history record check at a reduced fee of \$21.45. The department has been authorized to allow school districts to submit student teachers for the criminal history record check process. They may be submitted by using the same codes and fees as that used for submitting the unpaid volunteer. However, the state will not retain or flag the print image. Therefore, if the unpaid volunteer or student teacher is arrested subsequent to approval, no notification will be made to the department. Should the student teacher or the unpaid volunteer seek employment with an educational facility, they would be required to undergo a new criminal history record check as would a new applicant for employment. They would not be eligible for the Archive Submission Process. Also, upon request from the nonpublic schools, this office will process volunteers using the nonpublic school statute, N.J.S.A.18A:6-4.14.

\* **Per a directive from the Superintendent's Office, please check "OTHER" or "SUBSTITUTE TEACHER" to have permanent clearance. Checking "COLLEGE STUDENT" will only give you temporary clearance and you will have to reapply in the next school year.**

**Applicant Information:**

Last Name\*:  --Suffix--  First Name\*:  Middle Init.:

Social Security No.\*:  (Number only without "-")

Date of Birth\*:  --month--  --day--  --year--

Sex\*:  --select--

Race\*:  --select--

Street Address\*:

City\*:

State\*:  --select-- Zip\*:

Job Category\*:  --select--

School Info. \*:  --select--

Other School Selection:  \*  \*  \*

Email:

Telephone Number\*:  (Numbers only)

**Legal Certification:**

To continue with the ePayment process read and accept the terms of the AA&C by checking the box:

\* I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.2 or N.J.S.A. 18A:12-1.2 or N.J.S.A. 18A:39-19.1.

Food Services

Clerical

Custodial/Maintenance

Teacher Aide

Substitute Teacher

Educational Support Services

Classroom Teacher

Administrator/Supervisor

State Monitor

Board Member/Trustee

Tutor

College Student

Volunteer

Athletic Personnel

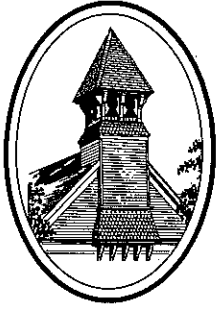
Physician

Nurse

Health Professional

Other

Security



## WEST MILFORD TOWNSHIP PUBLIC SCHOOL

### Student/Practicum Teachers/Interns Confidentiality Agreement

I, \_\_\_\_\_ (please print), understand that during my work as a student/practicum teacher/intern in the West Milford School District, I may have access to students' records, including but not limited to, grades, transcripts, IEPs, 504s, medical/psychological records, participate in conferences with parents/guardians and IR & S meetings.

By my signature, I acknowledge the proprietary nature of such and agree to keep all information confidential. I have received a copy of this agreement and understand and agree to the terms contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date