

**MSU BILLINGS  
COLLEGE OF EDUCATION  
STUDENT TEACHER AGREEMENT**

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**Student Teacher**

**ID#**

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**Current Address**

**e-Mail**

As a student teacher in the College of Education at MSU Billings, I acknowledge and agree to the following:

- I have been informed and will abide by the professional dispositions of the Teacher Education Program in the College of Education at MSU Billings
- I have read and will abide by the Code of Ethics for Montana Educators, the Administrative Rule of Montana (ARM) or the school law of the state in which I am student teaching
- I will abide by the policies of the district and school in which I am placed for student teaching
- I have been advised to acquire professional liability insurance with the understanding that I am personally liable if I choose not to purchase the insurance
- I give permission to the College of Education to share my student records with my placement school/district personnel including but not limited to my site mentor and school principal
- I give permission to the College of Education to share my student records with my University Supervisor
- I give permission to the College of Education to disclose the results of my criminal background check with other educational institutions, school/district personnel, law enforcement agencies, courts and/or state departments/agencies

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**Student Teacher Signature**

**Date**