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# Clinical Experience Appendix

Form and Documents



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## Information Exchange Form

### Clinical Student Information

Clinical Student Name \_\_\_\_\_

Resident Address \_\_\_\_\_

(Number and Street)

SC \_\_\_\_\_

(City)

(State)

(Zip)

Clinical Student Home Phone \_\_\_\_\_

Clinical Student Cell Phone \_\_\_\_\_

Clinical Student E-mail Address \_\_\_\_\_@andersonuniversity.edu

### Cooperating Teacher Information

Cooperating Teacher Name \_\_\_\_\_

Cooperating Teacher Room Number \_\_\_\_\_

Cooperating Teacher Home Phone \_\_\_\_\_

Cooperating Teacher Cell Phone \_\_\_\_\_

Cooperating Teacher E-mail Address \_\_\_\_\_

Cooperating School \_\_\_\_\_

School Principal Name \_\_\_\_\_

School mailing address \_\_\_\_\_

City \_\_\_\_\_, SC

School Phone (include Area Code) \_\_\_\_\_

School Fax \_\_\_\_\_

### **Supervisor/Coordinator Information**

Clinical Supervisor Name \_\_\_\_\_

Clinical Supervisor Phone Number(s) \_\_\_\_\_

Clinical Supervisor E-mail Address \_\_\_\_\_

Faculty Advisor \_\_\_\_\_

**Copies to:** Clinical Supervisor and Cooperating Teacher



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### Cooperating Teacher (CT) Checklist

<b>It is the responsibility of the student get these assignments to the Cooperating Teacher</b>	<b>Due by...</b>
Attendance Record: Clinical students are required to complete 65 days in the cooperating school.	Check weekly & sign on last day
Copy of Information Exchange Form turned in to Cooperating Teacher by the end of the first week	Student gets information on first day with CT
School Responsibilities Record	Sign after completion
Caregiver Communication	Sign after completion
Conference Log	Sign after completion
Four Non-assigned Classroom Observations The unassigned observations should be in a different grade or content area, if possible, and arranged by the Cooperating Teacher for the student	Sign after each observation
Cooperating Teacher Pay Form – complete first week and pay will be sent after completion of Clinical Student's days	Upload into Taskstream first week of Clinical Student's start date
Cooperating Teacher <i>Lesson Plan observation</i>	Upload Score into Taskstream after each observation
Cooperating Teacher <i>SCTS 4.0 Evaluation</i>	





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**Request for Absence Form**

Clinical Student \_\_\_\_\_

Cooperating School \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Clinical Student Signature/Date*

\_\_\_\_\_  
*Cooperating Teacher Signature/Date*

---

(DO NOT WRITE BELOW THIS LINE)

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Coordinator of Education Field Partnerships Signature/Date*



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## SCTS 4.0 Performance Domain IV

### School Responsibilities Log

(ex.: duty, work a ballgame or dance, PD day, etc.)

You may use the same responsibility type no more than twice. You must complete 10 school responsibilities.

Clinical Student \_\_\_\_\_ Date \_\_\_\_\_

Cooperating School \_\_\_\_\_

Date of Activity	Description of Activity

\_\_\_\_\_  
(Cooperating Teacher Signature/Date)

\_\_\_\_\_  
(Clinical Student Signature/Date)



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**SCTS 4.0 Performance Domain IV  
Conference Log**

(Ex.: parent conference, letter home, weekly newsletter, etc.)

***If using a parent conference, IEP meeting or any type of entry like these twice, please differentiate by specifying student or parent name. You must complete five.***

Clinical Student \_\_\_\_\_ Date \_\_\_\_\_

Cooperating School \_\_\_\_\_

Date	Purpose of Conference/Communication

\_\_\_\_\_  
(Cooperating Teacher Signature/Date)

\_\_\_\_\_  
(Clinical Student Signature/Date)






Clinical Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Cooperating Teacher Signature \_\_\_\_\_



**SCTS 4.0 Performance Domain IV  
Non-assigned Classroom Observation Report**

Clinical Experience Requirement: Minimum of Four Reports

**(1 from a related arts or SPED area and the others from content areas or grade levels in which you are not currently placed.)**

Clinical Student \_\_\_\_\_

Observation No. \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_  
(Last) (First)

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject \_\_\_\_\_

**Please Answer Fully:**

1. Were you punctual? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Describe at least two teaching strategies used by the teacher.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe an example of technology used.

\_\_\_\_\_  
\_\_\_\_\_

4. Describe any classroom discipline strategies that you observed. If none observed, what information is posted that shows classroom management is established?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*Clinical Student Signature*

\_\_\_\_\_

*Classroom Teacher Observed Signature*

\_\_\_\_\_

*Cooperating Teacher Signature*



## Request to Waive 65 Day Attendance Requirement

The South Carolina State Department of Education has a mandatory 60 day requirement in a student's clinical course before certification can be considered. Anderson University has a policy requiring an extra five days (total of 65) in order to successfully complete the Teacher Education Program (TEP).

This waiver request is only to be used in special circumstances where the days that will extend the student teaching experience past the state mandated 60 will conflict with a special circumstance (including, but not limited to, a job opportunity or a major health issue).

This request must be approved by the Cooperating Teacher, Director of Field Placements, and the Dean of the College of Education. If one or more of three do not approve, the request will not be granted, and the duration of the 65 day requirement must be met for successful completion. All work must be submitted and passed by the date listed below. Failure to do so may result in waiver forfeiture and the remainder of the days re-instated.

**Student Name** (Please Print) \_\_\_\_\_

**Reason for Request** (Must be Legible)

\_\_\_\_\_  
\_\_\_\_\_

**Expected Last Day** (Identify the day between 60-64) \_\_\_\_\_

**Start Date for Conflicting Event** (if applicable) \_\_\_\_\_

**NOTE:** If for employment, the last day of Clinicals must be the day before employment begins

**Student Signature/Date** \_\_\_\_\_

**Cooperating Teacher Signature/Date** \_\_\_\_\_

**Director of Field Placements/Date** \_\_\_\_\_

**Dean, College of Education/Date** \_\_\_\_\_



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## Job Request Form

Maintaining part-time employment during the Clinical Experience semester is allowed, but a proper balance should be maintained. The responsibilities associated with the Clinical Experience require the full attention of the Clinical Student each day, including many weekends, thus the need for caution.

**A work schedule must be submitted** to the Coordinator of Education Field Partnerships by the second week of the semester. The schedule should include your typical days to work per week and the hours to be worked on those days. Unless a major change in hours occurs, a new schedule will not be required to be submitted.

A signature from the work manager/supervisor is required on the form below.

**At no time can the outside work duties interfere or take precedence over the Clinical experience responsibilities.** No exceptions will be made. Should the work responsibilities appear to have a negative effect on the student teaching experience, a conference may be required to discuss options, which may include rescinding the work opportunity for the remainder of the semester.

\_\_\_\_\_  
*Employer/Company Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Job Supervisor Signature*

\_\_\_\_\_  
*Job Supervisor Name (Please Print)*

Reason for Work Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
*Clinical Student's Signature*

\_\_\_\_\_  
*Clinical Student Name (Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**(DO NOT WRITE BELOW THIS LINE)**

\_\_\_\_\_  
*Signature of the Coordinator of Education Field Partnerships*

\_\_\_\_\_  
*Date*



This email is to be sent to the Cooperating Teacher for both the second and third offenses of the revised CAP policy for missing deadlines, which is described in the handbook. You may copy and paste the email below with the blanks filled in as needed. **DO NOT REVISE OR EDIT THE BODY OF THIS EMAIL BEFORE SENDING IT TO THE CT. You will put personal information in the email where designated by an asterisk.**

**The Director of Field Placements must be copied on this email to the CT.**

Please list the next school day in the blank that would follow the suspended date. For example: If you are suspended for November 15, you would put that date in the blank where the date is needed. Allow the CT notice before missing the day(s). You should send the email for the notice at least two days in advance of the absence.

**The suspended absence MUST be made up at the end of the 65 day period and cannot be excused.**

Date: \_\_\_\_\_ \*

Mr./Mrs. \_\_\_\_\_: \*

This is to inform you I will not be able to return to your classroom until \_\_\_\_\_ . \* I must attend to a matter at Anderson University that requires my prompt attention of a past deadline. I am including Mr. Hiott in this email, as he is aware of this requirement.

Please let me know if this will cause any issues or hardships for you or your students, and I will make every attempt to make any needed adjustments to the timeline.

Thank you in advance for allowing me to address this matter.

Sincerely,

Your name\*

**\* Where you see the asterisk, place the personal information and date. Do NOT send the email as it appears before you change the information designated by an \*.**

**Bell Schedule**

<b>Class Times</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednes.</b>	<b>Thursday</b>	<b>Friday</b>

Name: \_\_\_\_\_

School: \_\_\_\_\_ CT: \_\_\_\_\_

**Specify the Approximate Three Weeks You are Teaching All of the Assigned Classes:**

\_\_\_\_\_

Provide a copy to the Cooperating Teacher **and** Clinical Supervisor within the two weeks of beginning Clinical placement.