



Pre-Clinical Experience Appendix



Cooperating Teacher (CT) Checklist

It is the responsibility of the student get these assignments to the Cooperating Teacher	Due by...
Attendance Record: Pre-Clinical students are required to complete 50 hours in the cooperating school. The CT should sign the attendance form after each student visit.	Sign after each visit
Information Exchange Form turned in to CT after first visit	Student gets information on first day with CT
School Responsibilities Log	Sign after completion
Caregiver Communication	Sign after completion
Conference Log	Sign after completion
Two Non-assigned Classroom Observations The unassigned observations by the student should be in a different grade or content area, if possible, and arranged by the Cooperating Teacher for the student	Sign after each observation
1 or 2 CT Practice Observations (informal to provide feedback in preparation of official observations by CT and Clinical Supervisor)	Before official observations begin
Cooperating Teacher <i>Lesson Plan Observation</i>	Upload scores into Taskstream after each observation
Cooperating Teacher <i>SCTS 4.0 Evaluation</i>	



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Information Exchange Form

Pre-Clinical Student Information

Student Name _____

Resident Address _____

(Number and Street)

_____, SC _____

(City)

(Zip)

Student Home Phone _____

Student Cell Phone _____

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 _____

Clinical Supervisor 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 School Attendance Certification

Pre-Clinical Student _____

Semester Fall/Spring (circle one)

School _____ Cooperating Teacher _____

	Date	Time In	Time Out	Tot. Hrs./Day	CT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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30					
31					
32					
33					

Clinical Supervisor Visit (minimum 1 observation)

Clinical Supervisor Signature #1 Visit

Date _____

Clinical Supervisor Visit #2 (if necessary)

Date _____

The Teacher Candidate completed the required 50 hours as specified in the Pre-Clinical Experience Handbook.

Cooperating Teacher's Signature

Date _____



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Request for Absence Form (to be used for seminars only)

Pre-Clinical student _____

Cooperating School _____

Date(s) of Absence _____

Reason _____

Pre-Clinical student Signature/Date

(DO NOT WRITE BELOW THIS LINE)

_____ Approved

_____ Not Approved

Reason _____

Director of Field Placements Signature/Date



**SCTS 4.0 Performance Domain IV
School Responsibilities Log**

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

If you are using duties (i.e. morning hall duty, lunch duty, afternoon bus duty), these can all be used individually since they are different in responsibilities. You may use the same responsibility no more than twice.

Pre-Clinical Student _____

Date _____

Cooperating School _____

Date of Activity	Description of Activity

(Cooperating Teacher Signature/Date)

(Pre-Clinical Student Signature/Date)



**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.

Pre-Clinical Student _____

Date _____

Cooperating School _____

Date	Purpose of Conference/Communication

(Cooperating Teacher Signature/Date)

(Pre-Clinical Student Signature/Date)



Caregiver Communication (CI):

You must contact the caregiver for **five students** in your class(es). Discuss the procedure for contact with your CT. If the school or district policy prohibits you from calling caregivers, discuss other options with your CT and Clinical Supervisor to complete this requirement. Discussion tips with the caregiver are in the handbook.

Date	Student Name	Caregiver for Student	Comments

Pre-Clinical Student Signature _____

Cooperating Teacher Signature _____

Date _____



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

Pre-Clinical Experience Requirement: Minimum of Two Observations

Recommended: 1 from a related arts or SPED area and the other from content area or grade level in which you are not currently placed.)

Pre-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. If none was used during this time, write "None."

4. Describe any classroom discipline strategies that you observed. If none observed, describe information from the classroom that shows a classroom management plan is in place.

Pre-Clinical Student Signature

Observed Classroom Teacher Signature

Cooperating Teacher Signature



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 THIS EMAIL BEFORE SENDING IT TO THE CT.**

The Coordinator 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 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 *.**

Reminder: All assignments must be at the scores below to be considered passing. The final grade will be from the observations of the Clinical Supervisor and the Cooperating Teacher.

Long Range Plan	3.0 or higher
Unit Work Sample/Student Work Sample	3.0 or higher
Lesson Plan/Activity Plan 1 from UWS/SWS graded by Clinical Supervisor	2.7 or higher
Lesson Plan/Activity Plan 2 from UWS/SWS graded by Clinical Supervisor	2.7 or higher
Lesson Plan/Activity Plan 3 from UWS/SWS graded by Clinical Supervisor	2.7 or higher
Lesson Plan/Activity Plan III Observation graded by Clinical Supervisor	2.5 or higher
Lesson Plan/Activity Plan III Observation graded by Cooperating Teacher	2.5 or higher
SCTS 4.0 Observation by Cooperating Teacher	B: 1.30-1.84; A: 1.85-4.0
SPA Observation by Clinical Supervisor	3.0 or higher
Reflecting on Teaching	3.0 or higher
Dispositions III by CT	No min. score required*
Dispositions III by Clinical Supervisor	No min. score required*
Caregiver Communication Log	3.0 (Met)
Conference Log	3.0 (Met)
School Responsibilities Log	3.0 (Met)
Portfolio and <i>InTASC</i> Reflections	3.0 (Met)
Non-Assigned Classroom Observations	3.0 (Met)
Attendance Sheet	3.0 (Met)

*See Disposition description elsewhere in handbook

Bell Schedule

Class Times	Monday	Tuesday	Wednes.	Thursday	Friday

Planned Days/Times You Will Be at the School: _____

Student Signature: _____

School: _____ CT: _____

Copy provided to the Cooperating Teacher **and** the Clinical Supervisor within the first week of beginning placement hours.