



Student Teacher Agreement

I, _____ accept placement as a student teacher in the area of _____
(print your name) (content area)

at _____ under the guidance of _____
(school name) (printed name of your Cooperating Teacher)

I will begin my placement on ____ / ____ / ____
month day year

I will complete my placement on ____ / ____ / ____
month day year

I realize that I am responsible for teaching the equivalent of at least 5 class periods per day. I will not terminate my student teaching experience prior to the completion date listed on this document.

I agree to:

1. report to school at _____ and leave no earlier than _____,
(time) (time)
2. have conferences with my University Supervisor and my Cooperating Teacher as often as necessary relative to my proficiency as a classroom teacher,
3. attend all on-campus seminars, or as directed by the University Supervisor,
4. submit lesson plans and all other assignments asked of me by my University Supervisor and my Cooperating Teacher,
5. provide at least one video recording of my teaching performance to the University Supervisor in the requested electronic format. I will also provide a written self-evaluation of my performance and
6. abide by and fulfill any further expectations made of me by the Department of Secondary and Special Education as these expectations become necessary.

I understand that I must satisfactorily complete all expectations of me as a student teacher by The Department of Secondary and Special Education for licensure as a teacher.

As a student teacher I have the right to request a review of my student teaching assignment if, in my opinion, it does not contribute to my personal and professional growth. Counseling by my University Supervisor, the Director for Secondary Education and the Department Chair is available to me should problems arise. In the event I feel such counseling is necessary I will contact my University Supervisor at the earliest possible date.

I will attach 2 copies (AYA) or 3 copies (MA) of my resume to this document for submission.

Signed _____ Print your name _____ Date _____