

Student Teaching Agreement and Schedule

Cooperating Teacher (GenEd): <i>- General Education</i>	
Cooperating Teacher (SpEd): <i>-Special Education</i>	
Supervisor Name:	
School:	
STUDENT TEACHER NAME:	
PROGRAM:	

Thank you for your commitment as a professional in the field of education to cooperatively foster our student teacher, through his/her student teaching clinical practice. Student teaching requires clinical practice in a classroom designed to nurture and guide the student to a higher level of professionalism through practical experience.

At the beginning of each clinical practice, cooperative teachers and supervisors are required to assist student teachers to complete all requested information on the Student Teaching Agreement form and follow the below ASSESSMENTS SCHEDULE.

- These forms are essential to create cooperative teacher(s) and supervisor(s) accounts in the Education system, **Taskstream**.
- Confirm spelling of full name and email address (ONLY Department of Education or School email may be used).
- Signing the document confirms you have reviewed the agreement and schedule and understood the responsibilities of an evaluator and when to assess the student teacher.

PLACEMENT 1 – WEEKS 1-7 ASSESSMENTS SCHEDULE			
EVALUATOR	ASSESSMENTS	1 st Evaluation Week #3	2 nd Evaluation Week #6
GenEd Cooperating Teachers	• Student Teaching Observation <i>GRADES 1-6, or 7-12</i>	Observe	Observe & Score
SpEd Cooperating Teachers	• Student Teaching Observation <i>GRADES 1-6, or 7-12 (CEC STANDARDS)</i>	Observe	Observe & Score
GenEd & SpEd Cooperating Teachers	• (BOTH COMPLETE) Student Teaching Professional Indicators <i>GRADES 1-6, or 7-12</i>	Observe	Observe & Score
Supervisors	• Supervisor: Student Teaching Observation <i>GRADES 1-6, or 7-12</i>	Observe & Score	Observe & Score

INSTRUCTIONS

- Cooperating Teachers will use the attached rubric to observe student teacher(s) at the end of WEEKS 3, 6, 10 & 13. Final Score evaluations will be scored will be completed in Taskstream at the end of WEEK 6 & 13.
- The Student Teaching Observations and Professional Indicators observations need to be completed by both, General Education and Special Education cooperating teachers.
- Supervisors will use the attached rubric to observe student teacher(s) and complete FINAL SCORE evaluations in Taskstream at the end of WEEKS 3, 6, 10 & 13.

Student Teaching Agreement and Schedule

PLACEMENT 1 – WEEKS 1-7

All assessments have been setup in our system, **TASKSTREAM**. An account will be set up with your DOE or school email address to access TASKSTREAM evaluations. There is a one week expected completion window. We ask that you schedule your evaluations to coordinate with this schedule. Supervisors will be asked to support cooperating teachers through this process as needed. Students are also required to scan and upload document in PDF format to Taskstream.

I have read and agree to the above stated requirements by filling out and signing this agreement.

Print Student Full Name:	

GenEd Teacher Signature (REQUIRED):	Date:
_____	_____

License I am currently teaching under:	_____
Additional Certification Areas:	_____
Years Teaching:	_____
MY DOE Email Address (MUST ONLY USE DOE or SCHOOL EMAIL ADDRESS):	_____
Phone Number to call in case of emergency:	_____

SPECIAL EDUCATION COOPERATING TEACHER

Print Full Name:	

SpEd Teacher Signature (REQUIRED):	Date:
_____	_____

License I am currently teaching under:	_____
Additional Certification Areas:	_____
Years Teaching:	_____
MY DOE Email Address (ONLY USE DOE or SCHOOL EMAIL ADDRESS):	_____
Phone Number to call in case of emergency:	_____

STUDENT TEACHING SUPERVISOR

Print Full Name:	

Supervisor Signature (REQUIRED):	Date:
_____	_____

MY Email Address:	_____
Phone Number to call in case of emergency:	_____

STUDENT TEACHER

Student Teacher Signature (REQUIRED):	Date:
_____	_____

Wagner Email Address:	_____
Phone Number to call in case of emergency:	_____

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PLACEMENT 2 – WEEKS 8-14 ASSESSMENTS SCHEDULE			
EVALUATOR	ASSESSMENTS	3 rd Evaluation Week #10	4 th Evaluation Week #13
GenEd Cooperating Teachers	• Student Teaching Observation <i>GRADES 1-6, or 7-12</i>	Observe	Observe & Score
SpEd Cooperating Teachers	• Student Teaching Observation <i>GRADES 1-6, or 7-12 (CEC STANDARDS)</i>	Observe	Observe & Score
GenEd & SpEd Cooperating Teachers	• (BOTH COMPLETE) Student Teaching Professional Indicators <i>GRADES 1-6, or 7-12</i>	Observe	Observe & Score
Supervisors	• Supervisor: Student Teaching Observation <i>GRADES 1-6, or 7-12</i>	Observe & Score	Observe & Score

INSTRUCTIONS

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PLACEMENT 2 – WEEKS 8-14

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I have read and agree to the above stated requirements by filling out and signing this agreement.

Print Student Full Name: _____	

GenEd Teacher Signature (REQUIRED):	Date: _____

License I am currently teaching under:	_____
Additional Certification Areas:	_____
Years Teaching:	_____
MY DOE Email Address (MUST ONLY USE DOE or SCHOOL EMAIL ADDRESS):	_____
Phone Number to call in case of emergency:	_____

SPECIAL EDUCATION COOPERATING TEACHER

Print Full Name: _____	

SpEd Teacher Signature (REQUIRED):	Date: _____

License I am currently teaching under:	_____
Additional Certification Areas:	_____
Years Teaching:	_____
MY DOE Email Address (ONLY USE DOE or SCHOOL EMAIL ADDRESS):	_____
Phone Number to call in case of emergency:	_____

STUDENT TEACHING SUPERVISOR

Print Full Name: _____	

Supervisor Signature (REQUIRED):	Date: _____

MY Email Address:	_____
Phone Number to call in case of emergency:	_____

STUDENT TEACHER

Student Teacher Signature (REQUIRED):	Date: _____

Wagner Email Address:	_____
Phone Number to call in case of emergency:	_____