

PLACEMENT VERIFICATION SUPERVISED TEACHING II

St. Mary's Multiple Subject Program is unique because it enables our student teachers to assist in the selection of their master teachers. This is a serious responsibility undertaken after completing observations of effective teaching and Supervised Teaching I. The teachers selected are arranged with the assistance of the principal. The influence the master teacher has on the student will remain throughout the student teacher's entire career. We feel very fortunate to have so many effective teachers working with us. We also appreciate the significant role the principal plays in our placement process.

The Supervised Teaching II placement must include a low performing and/or hard to staff school (Title 1) as well as significant experience with English learners. The student teacher is to be in a classroom four days a week for fourteen weeks. The student teacher is expected to observe and practice six lessons teaching ELD (English Language Development) and content lessons using SDAIE (sheltered) instructional strategies. The student teacher is required to do a two week (ten consecutive day) takeover in collaboration with the master teacher. In the _____ Term placement will be from _____ to _____.

In order to facilitate this placement we would appreciate it if you would print and sign your name verifying your role in our program. The master teacher must hold a certification to teach English learners (CLAD, CTCL, or SB2042), have three years experience and/or have the consent of the principal. Thank you for assisting us in preparing competent teachers of the future. If you have any questions please telephone 925-631-4482.

Kathy Crane, Coordinator
Field Experience

PRINCIPAL _____ | _____
(Printed Name) (Signature)

MASTER TEACHER (Must be approved by the Principal) Grade _____

_____|_____
(Printed Name) (Signature)

English Learners Yes No

ESL/ELD TEACHER (if applicable) _____

SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) ____ - _____

STUDENT _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) ____ - _____