

## Bemidji State University Fall 2022 Field Experience Fact Sheet Course Number & Name Instructor Name

Course Name/Number	ENGL 3550-01 METHODS OF TEACHING ENGLISH & COMMUNICATION
Expectations of Student	Required:Observe instructional methods, lesson delivery, and studentsAssist cooperating teacher with educational activities, as needed.Optional, but desired:Participate in small or large group instruction/activity orother means of interacting with students
Number of Hours Required	25
Expectations of Teacher	Required: Certify completion of 25- hour practicum Communicate any concerns to me
Course Instructor(s) & Contact Information	Danielle Sullivan Associate Professor of English: English Education <u>danielle.sullivan@bemidjistate.edu</u> (218)755-2838

### Dear Host Teacher,

Attached is the teacher candidate disposition form. The purpose is to evaluate our students during their participation in field experience. This allows us to catch and address any issues before the student moves to student teaching. This data will be utilized to improve student performance and to inform change in our field experience program. It should only take a few minutes to complete the form.

# A link to the disposition form will be sent to your email at the end of the semester. This paper copy can be used to discuss dispositional issues with your field experience student.

#### Thank you,

### Department of Professional Education Faculty

Bemidji State University

Teacher Candidate's Name: _		Semester/Year:			
School Name:	Grad	e Level(s):Subject	t(s):		
Dedication/Responsibility	Compassion	Curiosity	Integrity		
<ul> <li>Attendance</li> <li>Meets deadlines</li> <li>Participates in discussions/engaging with students</li> <li>Demonstrates willingness to give and receive help</li> <li>Dresses appropriately</li> </ul>	<ul> <li>Listens thoughtfully and responds to students, faculty, peers, and cooperating teachers</li> <li>Shows concern and interest in others and follows through</li> <li>Empathetic</li> <li>Flexible</li> <li>Treats people equitably</li> </ul>	<ul> <li>Takes initiative by asking questions</li> <li>Takes initiative by seeking out own resources and sharing with others</li> <li>Uses feedback to make adjustments for continuous improvement</li> <li>Reflects on learning</li> <li>Open to constructive criticism/critiquing</li> </ul>	<ul> <li>Demonstrates academic and personal honesty</li> <li>Completes tasks agreed to/assigned</li> <li>Takes ownership and accepts responsibility</li> <li>Is earnest and sincere</li> <li>Demonstrates perseverance</li> </ul>		
For each category, please indicate which level the teacher candidate has demonstrated:					
<ul> <li>Exemplary (Majority)</li> <li>Proficient (More than half)</li> <li>Developing (Less than half)</li> <li>Unsatisfactory (Few, if</li> </ul>	<ul> <li>Exemplary (Majority)</li> <li>Proficient (More than half)</li> <li>Developing (Less than half)</li> <li>Unsatisfactory (Few,</li> </ul>	<ul> <li>Exemplary (Majority)</li> <li>Proficient (More than half)</li> <li>Developing (Less than half)</li> <li>Unsatisfactory (Few, if any)</li> </ul>	<ul> <li>Exemplary (Majority)</li> <li>Proficient (More than half)</li> <li>Developing (Less than half)</li> <li>Unsatisfactory (Few,</li> </ul>		
any)	if any)		if any)		
If you marked Developing or Unsatisfactory for any category, please explain why:					

Thank you very much for taking the time to work with our teacher candidates and for completing this disposition form. Cooperating Teacher's Signature: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Da

For additional information contact: teaching.clinicals@bemidjistate.edu