

Bemidji State University Spring 2023 ED 3410 - Secondary Science Methods Dr. Michael Urban Field Experience Fact Sheet

Course Number/Name	ED 3410/Secondary Science Methods				
Expectations of student	As much interaction with the science students as permitted: small group lessons (e.g., tutoring, providing remediation, walking around classroom helping students during practice/homework/lab time, etc.), providing demonstrations, facilitating discussions, teaching online, or other. Teach a minimum of 1 class, a period-long lesson (~ 50 minutes). More if allowed. Complete a few assigned activities: TBA in class. Keep a				
	journal of the experience as you will be asked to write a reflection paper about the practicum experience.				
Number of hours required	25 hours (minimum)				
Expectations of teacher	Encourage candidate to work with you as much as possible, within your comfort level. Allow the candidate to teach one ~50 minute lesson (this is typically the candidate's last semester before student teaching); complete an evaluation form of candidate during the teaching of the lesson, and discuss with candidate after lesson is over.				
	Complete an online dispositions survey on the teacher candidate(s). The link will be emailed to the host teacher at the end of the semester. Sample form on next page.				
Course Instructor(s) & Contact Information	Dr. Michael Urban Department of Professional Education Bemidji State University 1500 Birchmont Dr. NE, Campus Box 35 Bemidji, MN 56601 michael.urban@bemidjistate.edu (218) 755-3782				

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:	Grade Level(s):Subject(s):

Dedication/Res	ponsibility Co	mpassion	Cur	riosity	Int	egrity	
 Attendance Meets deac Participates discussions, with studer Demonstrat willingness receive help Dresses app 	Ilines in /engaging its tes to give and	Listens thoughtfully and responds to students, faculty, peers, and cooperating teachers Shows concern and interest in others and follows through Empathetic Flexible Treats people equitably	• • • ••	Takes initiative by asking questions Takes initiative by seeking out own resources and sharing with others Uses feedback to make adjustments for continuous improvement Reflects on learning Open to constructive criticism/critiquing	•	Demonstrates academic and personal honesty Completes tasks agreed to/assigned Takes ownership and accepts responsibility Is earnest and sincere Demonstrates perseverance	
For each category, please indicate which level the teacher candidate has demonstrated:							
 Exemplary (Proficient (I half) Developing half) Unsatisfactor 	More than (Less than			Exemplary (Majority) Proficient (More than half) Developing (Less than half) Unsatisfactory (Few, if any)		Exemplary (Majority) Proficient (More than half) Developing (Less than half) Unsatisfactory (Few,	
any)		if any)				if any)	

If you marked Developing or Unsatisfactory for any category, please explain why:_____

If you have any additional concerns about this candidate's professionalism, please detail them on the back of this document.

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

For additional information contact:

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