### 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): ____________________

<table>
<thead>
<tr>
<th>Dedication/Responsibility</th>
<th>Compassion</th>
<th>Curiosity</th>
<th>Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attendance</td>
<td>• Listens thoughtfully and responds to students, faculty, peers, and cooperating teachers</td>
<td>• Takes initiative by asking questions</td>
<td>• Demonstrates academic and personal honesty</td>
</tr>
<tr>
<td>• Meets deadlines</td>
<td>• Shows concern and interest in others and follows through</td>
<td>• Takes initiative by seeking out own resources and sharing with others</td>
<td>• Completes tasks agreed to/assigned</td>
</tr>
<tr>
<td>• Participates in discussions/engaging with students</td>
<td>• Empathetic</td>
<td>• Uses feedback to make adjustments for continuous improvement</td>
<td>• Takes ownership and accepts responsibility</td>
</tr>
<tr>
<td>• Demonstrates willingness to give and receive help</td>
<td>• Flexible</td>
<td>• Reflects on learning</td>
<td>• Is earnest and sincere</td>
</tr>
<tr>
<td>• Dresses appropriately</td>
<td>• Treats people equitably</td>
<td>• Open to constructive criticism/critiquing</td>
<td>• Demonstrates perseverance</td>
</tr>
</tbody>
</table>

For each category, please indicate which level the teacher candidate has demonstrated:

☐ Exemplary ( Majority)
☐ Proficient ( More than half)
☐ Developing ( Less than half)
☐ Unsatisfactory ( Few, 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: _____________________

For additional information contact:
| Clinical Experiences Office | Bemidji State University teachingclinicals@bemidjistate.edu |