

Bemidji State University Spring 2023 Field Experience Fact Sheet ED 4737/5737 Content Area Reading Dr. Kathrina O'Connell

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Course	ED 4737/5737 Content Area Reading			
Name/Number				
Expectations of Student	 Actively engage with students (e.g., talk with them, help with questions they may have). Support the classroom teacher (e.g., take attendance, correct assignments, work with small groups). Interview a content area teacher Interview an ELL or SPED teacher Observe/Document a content teacher's instruction three times Teach a vocabulary-focused lesson Teach a reading comprehension lesson Support the classroom teacher during reading and writing instruction. GRADUATE students will conduct a student literacy conference. If you have questions about any FE assignment, email Dr. O'Connell ahead of time. 			
Number of Hours Required	25 hours (in grades 5-12)			
Expectations of Teacher	 Allow student to teach two lessons. Allow graduate student to work with a reader for a minimum of 30 minutes. Please mentor your student and be willing to share information about the literacy resources, writing resources/programs, vocabulary instruction, assessment, and classroom management. Approve teacher candidate's time, as emailed to you through SL&L Complete a 3-minute online dispositions survey on the teacher candidate(s). The link will be emailed at the end of the semester. 			
Course Instructor(s) & Contact Information	Dr. Kathrina O'Connell <u>kathrina.oconnell@bemidjistate.edu</u> 218-238-5448			

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/Responsibility	Compassion	Curiosity	Integrity		
 Attendance Meets deadlines Participates in discussions/engaging with students Demonstrates willingness to give and receive help Dresses appropriately 	 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 (Majority) Proficient (More than half) Developing (Less than half) Unsatisfactory (Few, if and half) 	 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, if any) 	 Exemplary (Majority) Proficient (More than half) Developing (Less than half) Unsatisfactory (Few, if any) 		
any) If you marked Developing or U	if any) Insatisfactory for any category	/ y, please explain why:	if any)		
If you have any additional cond document.	cerns about this candidate's p	professionalism, please detail ther	n on the back of this		

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: _____Date: _____Date: ____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: ____Date: ____Date:

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