# Field Experience Fact Sheet

**Ed 3208-90**

## Developmental Reading in the M.S.

**Dr. Carl Lund**

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>Ed 3208-90 Developmental Reading in the Middle School</th>
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</thead>
</table>
| **Expectations of Student** | • Fulfill 15-hour requirement in grade 6-8 middle school classroom.  
• Work with a struggling student over the course of 2 visits and write a summary of the student conference experience  
• Create and teach a lesson, using one strategy from our text, with the guidance of host teacher and write a reflection of the teaching experience  
• Support the classroom teacher during reading and writing instruction.  
• Submit completed field experience log to SL & L |
| **Number of Hours Required** | 15 hours |
| **Expectations of Teacher** | • Complete a 3-minute 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.  
• Allow student to conference with a struggling reader over the course of two visits  
• Allow student to teach a lesson using a literacy strategy with your guidance  

Please mentor your student and be willing to share information about literacy |
| **Course Instructor(s) & Contact Information** | Dr. Carl Lund  
carl.lund@bemidjistate.edu  
(218) 755-3772 |

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