

Bemidji State University Spring 2023

Field Experience Fact Sheet

PHED 4870/5870 Practicum in Physical

Education Teaching

Dr. Amber Fryklund

| Course Name/Number | PHED 4870/5870 Practicum in Physical Education Teaching | | |
|---|---|--|--|
| Expectations of Student | Students are expected to begin by observing a licensed PE teacher in the K- 12 setting. Students should engage in the lesson, interact and encourage students. Set up equipment when needed and other duties allowed by the teacher. If possible, the student should teach a lesson or parts of a lesson approved by the teacher. The student should schedule and spend 1 day in the PE environment to observe a full day teaching experience. | | |
| Number of Hours Required | 30 hours required for entire experience If applicable participate in more than one grade level. (k-5) (6-8) (9-12) | | |
| Expectations of Teacher | Engage student in physical education lessons when possible—helping students in small group settings, give responsibilities to student such as preparing materials for lesson, setting up equipment, allowing them to engage with students in the classroom. If applicable allow student to teach a minimum of 1 lesson during a PE unit or parts of a lesson such as the introductory activity. If multiple university students co-teaching opportunities for more than one lesson. 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. | | |
| Course Instructor(s) & Contact Information | Dr. Amber Fryklund amber.fryklund@bemidjistate.edu 218-755-2771 office phone | | |

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

| leacher Candidate's Name: | | Semester/Year: | | |
|---|--|--|---|--|
| School Name: | Grad | 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) | Exemplary (Majority) Proficient (More than half) Developing (Less than 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) | Unsatisfactory (Few, if any) | | Unsatisfactory (Few, if any) | |
| document | erns about this candidate's p | y, 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: _____Dat

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