Additional Licensure:

**Practicum Placement Agreement**

**Placement Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate |  | BSU Tech ID |  |
| Candidate Email |  | Current License(s) |  |
| File Folder Number |  |
| Phone |  | Additional License |  |
| Dates |  | | |
| School ISD # & Name |  | | |
| School Address |  | | |
| School Name |  | | |
| Scope (*Grade Levels*) |  | | |
| Content |  | | |
| Cooperating Teacher |  | | |
| CT Email |  | | |
| Principal |  | | |
| Principal Email |  | | |
| \*University Supervisor |  | | |
| US Email |  | | |
| US Phone |  | | |
| OTE Clinical Staff | [teaching.clinicals@bemidjistate.edu](mailto:teaching.clinicals@bemidjistate.edu) 218-755-2764 | | |

*\*Clinical Staff or Program Leader assign University Supervisor*

***I will carefully read and comply with all agreement points listed on page 2.***

**My signatures on pages 1 and 2 indicate my acceptance of the above practicum placement and my agreement to comply with all points listed on page 2.**

|  |  |
| --- | --- |
| **Candidate Signature:** | **Date:** |

**Teacher Candidate Agreement**

# Section 1: During my practicum placement, I agree to the following:

1. I will notify the OTE Clinical Staff immediately (within 48 hours)should circumstances require *any* changes to my placement, including, but not limited to: cancellation, postponement, alteration of the dates, reassignment to a different classroom or different teacher (including to a long‐term sub).
2. I will adhere to all expectations and requirements of my program.
3. I understand that I am responsible for providing my own health insurance and I am responsible for any and all medical expenses incurred by me related to any injury, loss, or illness I sustain while participating in the practicum.
4. I understand a practicum requires a minimum of 80 hours with a continuous group of students.
5. I understand I must have a minimum of 2 observations from my Cooperating Teacher.
6. I understand I must have a minimum of 2 observations from my University Supervisor.
7. I understand I must have at least 1 triad meeting with my Cooperating Teacher and University Supervisor.
8. I understand all practicum assignments must be submitted to SL&L in order to receive a final grade.

**Section 2: In exchange for the opportunity to participate in this practicum, I agree to the following:**

1. I will provide the OTE Clinical Staff with all necessary information and complete all necessary reports and documentation requested by the office. I understand that submitting falsified reports is cause for my immediate expulsion from Bemidji State University or any of the Teacher Education Programs.
2. I will conform to all rules, regulations, and policies of the practicum placement site, follow all instructions given by the practicum placement site, and always conduct myself in a safe and appropriate manner.
3. I will consult with my University Supervisor and/or the OTE Clinical Staff about any difficulties arising during my practicum placement.
4. I will complete my practicum during the dates listed in this agreement.
5. I will not terminate my practicum without first consulting the OTE Clinical Staff.

# Section 3: Regarding my participation in this practicum, I understand that:

1. My placement and participation in this practicum are not employment with the University.
2. I am not covered by the University worker’s compensation coverage.
3. I will not receive any money or other compensation or benefits of any kind from the University in exchange for my participation in this practicum.

|  |  |
| --- | --- |
| **Candidate Signature:** | **Date:** |

**THE SECTION BELOW IS TO BE COMPLETED BY THE OFFICE OF TEACHER EDUCATION CLINICAL STAFF OR PROGRAM LEADER**

|  |  |
| --- | --- |
| **This Practicum Placement meets the 80-hour practicum requirements outlined in Minn R. 8705.1010, Standard 13.** | **Yes No** |
| **Clinical Staff OR Program Leader**  **Signature:** | **Date:** |