Students: Give a Fact Sheet to each of your cooperating teachers.

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>ED 3208-90: Developmental Reading in the Middle School</th>
</tr>
</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.  
• Write a reflection about the field experience.  
• 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) 755-2934 (Prof. Ed. Office) |
Dear Field Experience Cooperating Teacher:

Below is the teacher candidate disposition form with which you will evaluate your teacher candidate during their participation in field experience. This allows us to catch and address any issues before the teacher candidate begins student teaching. This data will also be utilized to improve teacher candidate performance and to inform change in our field experience program. It should only take a few minutes to complete the form.

This form is now completed in SL&L. This paper copy is for your reference and can be used to guide discussions of dispositional issues with your field experience student.

Thank you,
Office of Teacher Education
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: teachingclinicals@bemidjistate.edu