

Bemidji State University Spring 2024 Elementary Education Field Experience Fact Sheet ED 3350 Pedagogy Porter Coggins

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

Course				
Name/Number	Pedagogy/ED 3350-01			
Expectations of Student	 Bε πρεσεντ ατ ψουρ ηοστ χλασσροομ δυρινγ εξπεχτεδ ηουρσ. Be present in your host classroom during the expected hours arranged by the teacher and student candidate. Missed time (for on-campus classes, sports, etc.) MUST be approved by the classroom teacher and clinical director beforehand. Actively engage with students and the classroom teacher, support individual and small-group learning in the classroom. Enhance a unit plan that will taught during your time in the classroom. Lead 2 whole-group lessons. 			
Number of Hours Required	35 hours as assigned by the Office of Teacher Education, and as arranged by the cooperating teacher, and the student candidate			
Expectations of Teacher	 Welcome student. Show student where they can keep their coat/items. Show them around. Help them feel comfortable in the setting. Share information about a unit that will be taught in your classroom this semester. Allow teacher candidate to lead 2 whole-class lessons. Facilitate candidate supporting individual and small group learning. Mentor the teacher candidate and be willing to share information about demographics, curriculum, instruction, classroom management routines, engagement strategies and assessments used in your classroom. Verify completed hours in SL&L 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	Porter Coggins, PhD			
Instructor(s)	Department of Professional Education			
& Contact	Box #35 Bemidji State University			
Information	218.755.2720			

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:					
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 	 Exemplary (Majority) Proficient (More than half) Developing (Less than half) 	 Exemplary (Majority) Proficient (More than half) Developing (Less than half) Unsatisfactory (Few, if 	 Exemplary (Majority) Proficient (More than half) Developing (Less 		
half) Unsatisfactory (Few, if any)	half) Unsatisfactory (Few, if any) 	any)	than half) Unsatisfactory (Few, if any) 		
If you marked Developing or Unsatisfactory for any category, 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: ______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