

**Continuing Education Units**

**Please follow the directions below to obtain and submit documents to your local continuing education committee for acceptance and awarding of CEU points.**

* Place a check mark in the fall and/or spring semester for the clinical experiences in which you participated.
* **Student Teaching Cooperating Teachers**: Attach a copy of the candidate’s placement agreement.
* **Field Experience Cooperating Teachers**: Attach a screenshot of the candidate’s completed SL&L field log.
* **Principals**: You may request verification of attendance from [teaching.clinicals@bemidjistate.edu](mailto:teaching.clinicals@bemidjistate.edu).
* BSU recognizes that awarding CEUs is a local decision.

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| **Course** | **Hours** | **Fall Semester** | **Spring Semester** |
| Student Teaching – 15 Weeks | 600 |  |  |
| Student Teaching – 13 Weeks | 520 |  |  |
| Student Teaching – 11 Weeks | 440 |  |  |
| Student Teaching – 4 Weeks | 160 |  |  |
| Student Teaching - **Other** (1 week = 40 hours) | ( ) |  |  |
| Student Teaching Orientation | 2 |  |  |
| ED 3100 Introduction to the Foundations of Education | 25 |  |  |
| ED 3201 Language Arts I | 25 |  |  |
| ED 3202 Language Arts II | 25 |  |  |
| ED 3208 Reading in the Middle School | 15 |  |  |
| ED 3350 Pedagogy: Planning for Instruction | 25 |  |  |
| ED 3410 Middle Level Science Methods | 25 |  |  |
| ED 3440 Teaching & Learning in the Middle School | 25 |  |  |
| ED 3580 Secondary Social Studies Methods | 25 |  |  |
| ED 3670 Foundations of Early Childhood Education | 16 |  |  |
| ED 3677 Relations and Management in Early Childhood Ed. | 16 |  |  |
| ED 4737 Content Area Reading | 25 |  |  |
| ED 3203, 3221, 3222, 3240 “The BLOCK” | 80 |  |  |
| ENGL 3550 Teaching English Methods | 25 |  |  |
| MUS 4617 Music Methods I | 10 |  |  |
| MUS 4618 Music Methods II | 15 |  |  |
| HLTH 4870 Practicum in Health Teaching | 30 |  |  |
| PHED 4870 Practicum in Physical Education Teaching | 30 |  |  |
| MATH 3065 Mathematical Foundations of Algebra | 10 |  |  |
| **Other Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Hours = number of field experience hours required for the course) | ( ) |  |  |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name), have participated in the clinical experiences indicated above. These clinical experiences required direct supervision/mentoring of a BSU teacher candidate for the hours specified. The attached document is verification of my participation.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DO NOT RETURN THIS FORM TO BSU

Updated 8.27.24