



KEAN

Clinical Placement Handbook

**Office of Student Placement &
Clinical Experiences (SPACE)**

College of Education (COE)

Version 2.0

Teacher candidates are responsible for reviewing this handbook in its entirety and for understanding the requirements and expectations of clinical placements at Kean.

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INTRODUCTION

Clinical experience and practice are integral parts of teacher preparation. It is the teacher education component that provides a vital link between theory and practice and between school districts and the university teacher education programs.

This handbook contains the philosophy, standards, and clinical experience and practice policies of the College of Education (COE). It was written for teacher candidates, cooperating teachers, school administrators, clinical supervisors, and department faculty.

The handbook also provides teacher candidates, cooperating school personnel, and clinical supervisors and faculty the guidelines and information needed concerning roles, responsibilities, policies, and procedures involved with clinical experiences and clinical practice at Kean University. This handbook should help the teacher candidate, cooperating teacher, and clinical supervisor plan the clinical experience or clinical practice teaching experience cooperatively in order to facilitate communication throughout the semester.

Many people contribute to the success of our clinical placement program. We extend our gratitude and appreciation to the schools and school districts that host our interns and especially to the cooperating teachers and administrators who give their time and share their talents in order to help prepare our future educators.

Questions related to clinical experiences should be directed to the university personnel involved in that process. It is our intention and commitment to provide positive and high-quality clinical experience and clinical practice placements.

OVERVIEW

The following policies, documents and processes provide the context and information for your clinical experiences and clinical practice during your program of study in the College of Education at Kean University.

Clinical placements support and facilitate teacher candidates' development of knowledge, skills, and dispositions. Placements are managed, assigned, supervised, and evaluated through the Office of Student Placement & Clinical Experiences. Design, implementation, and evaluation of clinical experiences are done in collaboration with faculty, staff, and school-based partners to provide optimum opportunities for the professional growth and development of teacher candidates.

New Jersey state law requires those seeking a New Jersey Initial Licensure to complete field-based clinical experiences which include clinical practice/student teaching. These must be completed while enrolled in a State Approved Program under the direct supervision of a teacher holding the appropriate New Jersey Teaching License and a Kean University clinical supervisor.

All field-based experiences are components of university courses and are completed at clinical sites selected solely by the university. Clinical sites are selected to assure compliance with CAEP Standards, New Jersey State Law, School District/School policies, procedures, and regulations, and Kean University College of Education policies and procedures.

As there are changes in institutional policies, placement requests and/or New Jersey Department of Education statutes and licensure requirements, please note the Director of the Office of Student Placement & Clinical Experiences may institute additional requirements during the course of your program of study due to those changes. Any addendums will be announced in a timely manner to all students in a teacher preparation program.

CONTACT INFORMATION

All clinical experience and clinical practice placements are managed by the Office of Student Placement & Clinical Experiences (SPACE).

Mailing Address:

Office of Student Placement & Clinical Experiences
2nd Floor, Hennings Hall
Kean University
1000 Morris Ave
Union, NJ 07083

Main Phone Number: (908)737-3790

Office Location: Hennings Hall, Room 214

Office Team:

Ms. Karen Grove, Director
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CODES & STANDARDS

College of Education Pillars

PILLARS

The three pillars represent the building blocks for which we structure our domains and establish learning outcomes for our educator preparation programs.

- Equity, Diversity, and Inclusion
- Future-Ready, Adaptable, and Life-Long Learners
- Holistic Teaching and Learning

EQUITY, DIVERSITY, AND INCLUSION

The paradigms and the practices utilized in training the teacher education candidates far exceed an attributive approach to addressing equity and diversity (Banks and McGee, 2012). We hail our heroes and celebrate our holidays; however, we are deliberate in providing multiple opportunities for our teacher candidates to experience the competencies that will enable them to function as culturally responsive educators (Gay, 2010). Investing in strengthening and transforming university-based preparation and ongoing professional development for educators is crucial to enhancing academic success for the nation's learners. (AACTE, 2020) We are deliberate in providing multiple opportunities for our teacher candidates to experience identity, ideology and action, the competencies that will enable them to function as culturally responsive educators (Gay, 2023).

Teacher education candidates should be able to demonstrate the ways by which their approaches to instruction accommodate for and build upon the cultural capital (Franklin, 2004) and funds of knowledge (Gonzales, Moll, and Amanti, 2005) that all learners bring to the classroom. Through content integration, knowledge construction process, prejudice reduction, equity pedagogy and empowering culture and social structure, teacher education candidates should be able to implement culturally (relevant) teaching in their classrooms. (Banks, 2023). Furthermore, our teacher education candidates create learning environments that promote a commitment to and respect for equity and diversity in all forms - racially, ethnically, emotionally, linguistically, and cognitively.

FUTURE-READY, ADAPTABLE, AND LIFE LONG LEARNERS

Future-Ready, Adaptable, and Life-Long Learners involve global competencies and an in-depth exploration of the learner and learning through making global connections to tackle challenges. This effort represents meaningful growth of learners' knowledge, skills, cultural participation, empathy, and capacity for understanding complexities and contradictions. Learners' proficiency matures through collaborative projects involving them with people from regions and nations other than their own, aided by innovative technology.

The teacher's role is to create settings in which learners experience multiple perspectives, participating with them in inquiry, dialogue, and action. Development of global competencies is an approach to pedagogy, not a curriculum topic. Globally competent people demonstrate their ability to connect, collaborate, and create meaningful products or artifacts with others throughout the world.

Educating our children in the 21st century and beyond has and will continue to be influenced by global varieties that will profoundly change what we teach and how we teach. In the past decade, educators, business, and government leaders have come together and collaboratively advanced that, in addition to the 3R's (reading, writing, and arithmetic), national and state standards driving curriculum development must address learning and innovating skills: creativity and innovation, critical thinking and problem solving, communication, and collaboration (Battelle for Kids, 2019).

HOLISTIC TEACHING AND LEARNING

Educating the whole learner requires that teacher candidates work in tandem with their local school districts and professional development schools to instill an understanding of healthy lifestyle practices and learners, design physically and emotionally safe classrooms that encourage learning, promote active engagement of learners through activities that connect the school with surrounding communities, recognize the importance of functioning as a caring adult to support student growth through individualized instruction, and prepare learners for college and career readiness by challenging them to succeed in global context.

College of Education Domains

The following domains are the support structure of the three COE pillars.

Domain I: Academic Content Knowledge and Planning for Learning

The candidate will demonstrate the ability to:

- acquire academic knowledge of content areas taught in schools to develop all PK-12 learners' understanding and performance.
- recognize and apply New Jersey Student Learning Standards and national standards as the framework for planning.
- understand the components of effective teaching in various content areas and for various learners.
- plan instruction appropriate to the diversity, skills, and real needs of all PK-12 learners in the classroom.
- specify learner outcomes in clear, concise objectives and assessment align the objectives to authentic and varied assessments.
- incorporate a range of evidence-based instructional strategies, resources, and technological tools.

Domain II: Environments for Learning

The candidate will demonstrate the ability to:

- create and maintain an inclusive, accessible, and culturally responsive environment throughout academic and social spaces.
- foster relationships with all learners that center their funds of knowledge, identities, and cultural capital.
- collaborate and engage with school professionals to promote collective responsibility for the wellbeing of the school and greater community.
- establish a positive classroom environment and maintain this climate as a whole.

Domain III: Instructional Practices for Learning

The candidate will demonstrate the ability to:

- include people in higher education and other educational contexts.
- implement pedagogical practice to engage all learners' strengths, needs, interests, and experiential backgrounds.
- incorporate relevant learning activities that provide meaningful experiences that foster creativity, critical thinking, communication, and collaboration for all learners.
- analyze and integrate technology appropriately to enhance learning outcomes.
- synthesize their knowledge and pedagogical skills across content areas so learners can transfer and apply their learning in relevant situations.

- model for all learners how to monitor their own understanding through self-reflection and metacognitive strategies.

Domain IV: Professional Disposition and Values for Learning

The candidate will demonstrate the ability to:

- nurture individual, cultural, and linguistic perspectives, show respect for the diverse talents of all learners, and is committed to developing their self-confidence and competence.
- have positive expectations for all students and demonstrates commitment to meet their educational needs in a compassionate, just, and equitable manner.
- foster community values and cultural norms.
- demonstrate their responsibility to model behavior that exemplifies educational advocacy, professionalism, inclusivity, and equity.
- be a life-long learner who engages in continued intellectual and professional growth.
- Exhibit R5.1.A Kean University College of Education

Domain V: Network for Learning:

The candidate will demonstrate the ability to:

- advocate for equitable academic, civic, and social emotional outcomes with stakeholders who have been historically underserved.
- collaborate through multiple modalities with stakeholders: families, school professionals, businesses, and community organizations to promote growth and development.
- engage in professional development as a lifelong learner and practitioner.
- use technology in appropriate ways, modeling digital citizenship.
- engage in global cross-cultural communities and collaboration.
- utilize inquiry and critical thinking skills to address local and global contexts.
- engage in a community of practice with educators and school personnel in diverse settings to make decisions, design learning, and establish goals that consider all learners.

New Jersey Professional Standards for Teachers & InTASC Standards

(NJ Administrative Code: 6A:9-3.3 Professional Standards for Teachers)

Clinical interns must demonstrate and uphold the NJPST to be eligible for teacher certification. The standards describe what every beginning education professional should know and be able to do. In June 2014, the NJPST were reorganized to align to the Interstate Teacher and Support Consortium (InTASC) Standards.

Please visit <http://www.state.nj.us/education/profdev/profstand/> for more detailed information from NJDOE regarding the standards and alignment.

Standard One: Learner Development The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences.

Standard Two: Learning Differences The teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards.

Standard Three: Learning Environments The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self-motivation.

Standard Four: Content Knowledge The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, particularly as they relate to the Common Core Standards and the New Jersey Core Curriculum Content Standards and creates learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content.

Standard Five: Application of Content The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

Standard Six: Assessment The teacher understands and uses multiple methods of assessment to engage learners in examining their own growth, to monitor learner progress, and to guide the teacher's and learner's decision-making.

Standard Seven: Planning for Instruction The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learning and the community context.

Standard Eight: Instructional Strategies The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways.

Standard Nine: Professional Learning The teacher engages in ongoing individual and collaborative professional learning designed to impact practice in ways that lead to improved learning for each student, using evidence of students' achievement, action research, and best practice to expand a repertoire of skills, strategies, materials, assessments, and ideas to increase student learning.

Standard Ten: Leadership and Collaboration The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession.

Standard Eleven: Ethical Practice The teacher acts in accordance with legal and ethical responsibility and uses integrity and fairness to promote the success of all students.

National Professional Associations' Standards

Professional teaching standards by content area have been established by official national organizations. If a teacher candidate has not already done so, it is recommended to become familiar with the national standards in your subject area. These standards serve as the cornerstone for the national education reform initiative. Each organization has placed a strong emphasis on developing performance benchmarks for grades P-12 that reflect a national perspective on student achievement. They are based on the theoretical and pedagogical knowledge, skills, and dispositions that teacher candidates should be demonstrating when teaching and collaborating with parents and colleagues. Teacher candidates should consider joining appropriate organizations as a member.

Below are links for professional teaching standards by content area as established by official national organizations. Some of the websites have a specific link to the standards; for others, it may be necessary to explore the website to find the “standards.”

NJ Core Curriculum Content Standards (NJCCCS): www.state.nj.us/njded/cccs

National Association for the Education of Young Children (P-3): www.naeyc.org

Association for Childhood Education International (K-6): www.acei.org

Association for Middle Level Education (6-8): <http://www.amle.org/>

National Art Education Association: <https://www.arteducators.org/>

National Council of Teachers of English: <http://www.ncte.org>

American Council on the Teaching of Foreign Languages: <https://www.actfl.org/>

International Literacy Association: <https://www.literacyworldwide.org/>

National Council of Teachers of Mathematics: <http://www.nctm.org/>

National Science Teachers Association: <https://www.nsta.org/>

National Council for the Social Studies: <http://www.socialstudies.org/>

National Association of Special Education Teachers: <http://www.naset.org/>

Society of Health and Physical Educators (SHAPE):

<https://www.shapeamerica.org/MemberPortal/standards/pe/default.aspx>

Another good source of information is:

Association for Supervision and Curriculum Development

ascd.org

Council for Exceptional Children (CEC) Ethical Principles and Standards

Beyond the professional dispositions expected by the COE, some professional associations have additional expectations. For example, the Council for Exceptional Children (CEC) has its own professional ethics for serving children with disabilities.

These standards and principles can be accessed at the following URL

<https://www.cec.sped.org/Standards/Ethical-Principles-and-Practice-Standards>.

GLOSSARY OF TERMS

In November 2015, the NJ Department of Education (NJDOE) proposed changes to the language and terminology used in teacher/educator preparation programs throughout the state. In an effort to align with state language, the College of Education at Kean University adopted the following terms for our placements.

Pre-Clinical Intern: Is any teacher candidate in a placement not in their final year of clinical placement; typically refers to sophomore and junior teacher candidates.

Clinical Intern: Is a teacher candidate in the last year of their program; a clinical intern could be in the semester of two-day per week or full-time, five day a week clinical practice placement.

Clinical Experience: Any placement where a pre-clinical intern is NOT in their final year of full year placement.

Clinical Practice 1: The first semester of the full-year clinical placement; the semester when, based on CEHS policy, teacher candidates are in their placement for two full days a week for the entire semester.

Clinical Practice 2: The second semester of the full-year clinical placement; the semester when teacher candidates are in their placement five days a week and follow the district's school calendar, not Kean's.

Cooperating Teacher: The P-12 teacher employed by a school or district who is mentoring the an intern throughout their clinical experience or practice during the semester. In some districts, the cooperating teacher is referred to as the mentor teacher.

Clinical Supervisor: A Kean University employee who observes and evaluates a teacher candidate in their clinical placement. The clinical supervisor is one of the main points of contact for a teacher candidate during their clinical placement and also serves as a point of contact for the cooperating teacher on behalf of SPACE.

Office of Student Placement and Clinical Experiences (SPACE): The office responsible for coordinating all pre-clinical and clinical placements, communicating with clinical supervisors, cooperating teachers and teacher candidates, hiring and assigning clinical supervisors and building and managing relationships with P-12 schools and districts.

COLLEGE OF EDUCATION POLICIES FOR CLINICAL PLACEMENTS

Attendance Documentation and Journal Entries in Chalk & Wire

Candidates are required to document their daily attendance on a weekly basis. This is done through a weekly Journal Entry in Anthology/Chalk & Wire and is to be submitted to their assigned clinical supervisor no later than 7pm every Friday. Any misrepresentation of days, hours or activities in placement may result in disciplinary action, up to and including, dismissal from the program and/or College of Education.

Background Check/Fingerprinting

Many schools and districts require teacher candidates to follow NJDOE procedures for background checks and fingerprinting. Prior to earning 60 college credits to be eligible for a full background check for substitute certification, teacher candidates will need to complete the 'volunteer' application.

While not a requirement of the program, **CEHS highly recommends teacher candidates apply for a substitute teaching license as soon as eligible.** It is the most cost-effective, long-term solution to the background check requirement as the fingerprints can be archived/transferred to other districts and remain on file for three years.

Failure to complete the required background check and fingerprinting in a timely manner can result in the loss of placement or delay of placement requiring a teacher candidate to make up hours over the course of a semester, or drop courses connected to placement requirements.

Please note this process can take several weeks to complete. Teacher candidates must begin the process for background checks and fingerprinting as soon as they are aware of the requirement.

Bereavement Policy

All candidates in clinical placement are eligible for bereavement leave. In the event of the death of a member of a candidate's immediate family, defined as a candidate's spouse, partner, parent(s), parent(s)-in-law, child, brother, sister or any relative residing in the same household, the candidate shall be granted leave for a period of up to three (3) consecutive days at the time of death. Under extenuating circumstances, such leave may be extended for an additional two (2) days, with prior written approval from the SPACE office. In the case of a grandparent, aunt, uncle, brother-in-law, or sister-in-law, niece or nephew, a candidate shall be granted a leave of absence of two (2) consecutive days. If a candidate meets all state code requirements for placement hours, bereavement days are not required to be made up.

Blood-Borne Pathogens and First Aid Treatment

During their placements, teacher candidates may be required to provide first aid treatment or may be in a situation in which they could be exposed to blood or body fluids. In this position, teacher candidates must always practice universal precautions. Universal precautions are an approach to infection control in which all human blood body fluids are treated as if they are infected with HIV, Hepatitis B, or other blood borne pathogens, regardless of perceived status of the source individual. Exposure to potential infectious materials can be minimized through the use of universal precautions such as using rubber gloves (available at the school site) and other tactics employed to avoid direct contact with blood and body fluids. When first reporting to a placement, teaching candidates should take the initiative to find out what procedures are followed at that school site and where the first aid materials are kept.

Teacher candidates who are inadvertently exposed to human blood or other body fluids should immediately cleanse the affected area with soap and water, wash their hands and report the incident to the school nurse, the school site office and SPACE. The school administrators/nurse will follow up as to whether or not the individual has any reported communicable disease.

Teacher candidates who have had an exposure incident should report it to the Kean University Health Center or a private licensed healthcare professional for assessment of the need for treatment.

Teacher candidates should not give any medication, even cough drops and/or other over-the-counter medications including aspirin, Tylenol or Advil to students or other school personnel to avoid any liability.

Cell Phone Use

The College of Education recognizes a clinical intern may need to make a personal telephone call during the workday when the phone call cannot be made before the clinical intern reports to work and/or after the clinical intern's day has concluded.

In the event a clinical intern has an occasion to make a personal telephone call during their day, and the call is of such a nature that it cannot be made before the school day begins or after the school day has concluded, the clinical intern may make a personal phone call using their personal cellular phone during the workday provided:

- The telephone call is made during the clinical intern's **duty-free lunch or break periods** and is made **outside the presence of students** either in an **area inside or outside the school building designated by the cooperating teacher or building administrator**.
- A personal telephone call by a clinical intern on their personal cell phone shall **not be made while the clinical intern is performing assigned school responsibilities**.

In the event the clinical intern has an **emergency requiring immediate attention** that requires the personal use of their personal cellular telephone, the clinical intern shall **inform their cooperating teacher before or immediately after using the cellular telephone**, depending on the nature of the emergency.

Any other non-emergent use of a personal cell phone, such as texting, checking social media sites or emails are not to take place when a clinical intern is in the presence of students or performing school responsibilities. These activities should only be conducted during lunch or break period.

As pre-clinical interns are only in a clinical placement one day a week, there should not be a need, other than emergencies, for a pre-clinical intern to use a cell phone during hours at a clinical placement.

Change in Placement Policy

Changes will not be made once a placement has been confirmed by a school/school district. Teacher candidates may not contact schools or districts in attempts to secure a placement. This behavior is cause for disciplinary action, including removal from their placement or program. Candidates who reject placements may not be placed until the next semester in which placements are made.

Service as a cooperating teacher is a voluntary professional activity. School districts, schools, and other agencies also voluntarily provide prospective sites for student teaching placements as a professional courtesy. They also have the right to cancel placements if they determine, based on professional judgment, that an intern's deficiency in knowledge, skills, or dispositions is

negatively impacting learners, teachers, or other members of the school. (See the policy in this handbook regarding Removal from a Placement for additional information.)

Clinical Evaluation Pass with Remediation Policy

Teacher candidates in clinical experience receive a grade on the Observation & Conference Report evaluation from both their cooperating teacher and clinical supervisor. Final grades are **Satisfactory (S)** and **Unsatisfactory (U)**. When there is a conflict between supervisor and cooperating teacher evaluation grades for an experience, the default grade for the clinical placement will be the lower of the two grades: necessitating a meeting between the teacher candidate, field director and department chair or program director. A review of all available evidence will determine the final grade assignment for the clinical experience. Any teacher candidate receiving Unsatisfactory as a grade for clinical placement will be required to redo the placement.

Clinical Placement Attendance

Teacher candidates acknowledge they must make up *all* absences and realize that failure to do so could result in an “Incomplete” in courses related to clinical practice and a “Failure” in clinical practice. SPACE acknowledges that emergencies and illnesses can occur. Each situation will be evaluated based on circumstances and absences. During clinical practice, teacher candidates are to follow the district’s calendar, not Kean’s calendar.

Teacher candidates in clinical experience must complete 60 hours for their clinical placement. Teacher candidates in clinical experience are responsible for communicating and adhering to a schedule mutually convenient for the cooperating teacher and the teacher candidate.

If absent or delayed, teacher candidates, by 8 am on the morning of an absence, will call the following: Cooperating Teacher, any required district personnel (i.e. – school nurse, office secretary or a central office) and the Office of Student Placements & Clinical Experiences (SPACE). Regardless of whether a clinical supervisor is scheduled to come that day, they should also be notified of the absence. SPACE can be reached on (908) 737-3790.

Communication with Parents

During a candidate’s clinical experiences and particularly during the full year clinical practice, opportunities to interact with parents at parent-teacher conferences or at other school events or meetings may occur. At no time is a teacher candidate to act as the primary contact or initiate communication with parents regarding any matter. Mentor/cooperating teachers are to be the main point of contact and communication with parents.

In addition, teacher candidates should be aware that any written communication – email, letter, etc. – regarding student progress becomes part of a student’s permanent record in many districts and placements. Teacher candidates should use care and caution when communicating in writing with any school personnel including cooperating teachers, administrators and parents.

Communication with Kean and Clinical Placement Personnel

Teacher candidates understand that *timely* communication with their Cooperating Teacher, Clinical Supervisor, representatives of the Office of Student Placement & Clinical Experiences and other school or university officials is an important aspect of professionalism. Teacher candidates agree to regularly read and respond to email communications and telephone messages. Teacher candidates will respond to all email messages as soon as possible and *no later than 24 hours* of receipt of a message.

Prior to starting in a placement, if a teacher candidate has problems or questions about their placement, their Clinical Supervisor or their Cooperating Teacher, the teacher candidate agrees to contact the Director of the Office of Student Placement & Clinical Experiences (SPACE) as soon as possible. Contact information for the SPACE Director is located in the front of the Clinical Placement Handbook. Once in a placement, policies and resources for communication need to be followed.

If a teacher candidate experiences any difficulties with their Kean email account, teacher candidates and clinical supervisors are responsible for contacting OCIS at 908-737-6000, ext. 76000 from on campus or at ocis@kean.edu to resolve any problems within 3-5 business days.

Confidentiality Statement

During a candidate's work as an intern, you may have access to students' records, including but not limited to, grades, transcripts, IEPs, 504s, medical/psychological records. Teacher candidates may participate in conferences with teachers, parents/guardians and other meetings.

In addition, teacher candidates should be aware that any written communication – email, letter, etc. – regarding student progress becomes part of a student's permanent record in many districts and placements. Teacher candidates should use care and caution when communicating in writing with any school personnel including cooperating teachers, administrators and parents.

Teacher candidates acknowledge the proprietary nature of such information and agree to keep all information confidential.

Conflict of Interest Policy

Placements will be made to ensure no conflicts of interest occur to assure candidates receive an experience that is free of bias and external influence. Teacher candidates will not be placed in schools where family members or significant others attend, are employed or serve on school boards or where the candidate attended school or have family members attending. Placement in a district may be denied based on other factors not listed here and is at the discretion of the district, school and SPACE.

Cooperating Teacher Leaving the Room

The student teacher may be in the classroom by himself/herself for short periods of time when there is a necessity. This should only occur when the cooperating teacher decided that the clinical intern can independently manage the classroom. If any emergency arises and the cooperating teacher must leave the room for more than a few minutes, they should tell another licensed teacher that the clinical intern is in the room alone. During the clinical intern's full-time teaching part of the placement, the cooperating teacher may leave the room. The cooperating teacher should always inform the student teacher of where they are going in the building.

As the relationship is one of mentoring and guidance, it is strongly recommended that cooperating teacher absences from the room be reserved for emergencies only.

Interviewing Policy

Clinical Interns are permitted to attend interviews during their clinical practice placement for jobs that are professionally orientated to full-time employment. In all types of job seeking experiences arrangements should be made with the cooperating teacher, school administrator, and clinical supervisor concerning the absence for interviews.

Jury Duty Policy

Any candidate who is summoned for jury duty must provide proof of the summons prior to the start of the dates of jury assignment. After completion of jury assignment, evidence of completion of the assignment must be provided. All documents should be provided to SPACE as soon as a summons for assignment has been received by a candidate. The length of jury assignment and level of clinical placement will determine if hours will be excused or if any will need to be completed later in the semester.

Long Term Cooperating Teacher Absence

If the cooperating teacher is expected to be absent for an extended period of time (in excess of a week), the clinical supervisor and SPACE Director must be contacted to determine whether alternative arrangements must be made.

Mantoux/Tuberculosis Health Test

In November 2023, The NJ Department of Health and NJ Department of Education updated their guidance regarding Mantoux/TB testing for student teachers.

It now reads: TB testing is not recommended for volunteers working with pupils for less than 20 hours per month. TB testing is not recommended for new employees, student teachers, and contractors of the district with a documented tuberculosis test result, regardless of when this test was done.

Repeat TB testing is not required in the absence of a known or suspected exposure to active and infectious TB disease or unless otherwise ordered by a licensed clinician. Repeat TB testing is not recommended for school employees, with a documented tuberculosis test result upon their initial employment, transferring between school districts or from non-public schools.

Repeat TB testing is not recommended for student teachers, with a documented tuberculosis test result upon their initial assignment, performing practicums if or when they move between school districts.

Mantoux (TB) Test

All teacher candidates, are required to be tested for TB. The exception to this policy is if a teacher candidate provides documentation for a valid religious exemption.

If a teacher candidate has received positive results in the past, they do not have to be retested. Any teacher candidate in this situation is permitted to enter the school if they are asymptomatic or, if they have symptoms, have been medically cleared to enter the school.

A TB skin test requires two visits to a health care provider. On the first visit the test is placed; on the second visit the health care provider reads the test. A person given the tuberculin skin test must return within 48 to 72 hours after the first visit to have a trained health care worker look for a reaction on the arm.

The TB skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin on the lower part of the arm.

Teacher candidates can be tested by Health Services or by another healthcare provider.

Orientation Attendance

Attendance for the entire duration of orientation is mandatory for every teacher candidate during each semester of a clinical placement. The only excused absence for orientation is a Kean

scheduled course or other University mandated event/activity. Teacher candidates with a class conflict must notify SPACE prior to orientation of the conflict. Every attempt must be made to attend orientation prior to or after the class conflict.

Any absence other than course related will require documentation to verify the absence.

For those teacher candidates with an approved absence from orientation, there will be group sessions the week following orientation. Teacher candidates must attend one of the makeup sessions. A teacher candidate cannot begin any clinical placement hours until they have either attended orientation or attended a makeup session.

Policy for Reporting Suspected Child Abuse

Teacher candidates are state mandated reporters. Any teacher candidate suspecting or becoming aware of child abuse (physical, emotional, or sexual) is required to inform their cooperating classroom teacher and/or school principal. New Jersey state rules as well as district policies must be followed in making reports regarding child abuse. This is for the teacher candidate's protection as well as safeguarding the child/student. The teacher candidate should contact the clinical supervisor or Director of Student Placement & Clinical Experiences if questions arise.

The following two websites are available from New Jersey regarding reporting of suspected child abuse:

Department of Children & Families – How & When to Report -

<http://www.nj.gov/dcf/reporting/how/>

Department of Children & Families – Publications on Child Abuse & Neglect -

<http://www.state.nj.us/dcf/news/publications/abuse.html>

Professional Dress

Candidates are required to follow the district dress code policy in all circumstances and situations. While each district policy will vary slightly, candidates are strongly encouraged to follow a 'dress for success' and 'look better/feel better/do better' approach to their attire each day. If there are circumstances impacting a candidate's ability to meet the district dress code, they are encouraged to reach out to the Office of Student Placement & Clinical Experiences and/or their supervisor. There are resources available at both Kean Ocean and Kean Union to help candidates 'dress for success.'

Professional Expectations

Each clinical placement throughout a teacher candidate's program has different course requirements connected to the experience. In addition, interns will have increased expectations and responsibilities as one progresses through the program. There are expectations, requirements and responsibilities detailed throughout the Clinical Placement Handbook. It is the responsibility of the teacher candidate to review the expectations and requirements and communicate such to the cooperating teacher and clinical supervisor.

Reporting of Violence or Threat

The College of Education and SPACE want all teacher candidates to have positive, successful clinical teaching experiences. Your responsibilities to your placement site, Kean University, and your colleagues include reporting all incidents of threats or violence. It is essential that such incidents be reported in a timely manner.

If a teacher candidate witnesses or is subject to an incident of threat or violence, they are to follow the below guidelines:

1. Immediately report the incident of threat or violence to their cooperating teacher.
2. Ask the cooperating teacher to report the incident of threat or violence to the school administration.
3. Follow the guidelines and policies of the placement site for such incidences.
4. Within 48 hours, report the incident of threat or violence to the clinical supervisor and the Director of SPACE so we can provide assistance and support.

Resume Development and Submission to SPACE

As an increased number of K-12 school districts require teacher candidates to provide an updated resume for clinical placements, each candidate in a COE program is required to provide the SPACE with an updated, electronic copy of their resume no later than each semester via the Anthology database. A delay in providing an updated resume or a failure to provide one may either delay or prohibit a clinical placement in the following semester.

Separation from Clinical Placement

Voluntary

A teacher candidate may voluntarily ask to be removed from a clinical placement for reasons which may include:

1. Verifiable health reasons, or the teacher candidate's personal reasons which are acceptable to the Director of Student Placement & Clinical Experiences (SPACE), Clinical Supervisor, and Department Chair, as well as the cooperating teacher, principal and/or other school personnel.
2. A classroom setting where the health and safety of the teacher candidate or students in the classroom are at risk.
3. Personal circumstances impacting the teacher candidate's ability to meet the requirements of the placement.

In the case of a voluntary removal from a clinical placement the following steps will be taken:

1. When the teacher candidate asks to withdraw from a clinical assignment, the Director of SPACE will schedule a conference with the teacher candidate, Program Director or Department Chair and SPACE Director. Appropriate school personnel and additional university personnel may be present.
 - a. Specific reasons for withdrawal consideration will be presented at the conference by the teacher candidate. The teacher candidate will be presented with a Special Case Form completed and signed by the SPACE Director and/or Department Chair.
 - b. After the teacher candidate has had the opportunity to be heard, they shall be excused from the conference, and the educational professionals shall evaluate the reasons for withdrawal, the documentation thereof, and any responses of the teacher candidate to said reason and documentation.

2. If a professional decision is made to withdraw the teacher candidate from the clinical assignment, the SPACE Director shall inform the respective Department Chair, and/or COE Associate Dean. The SPACE Director and Department Chair, and appropriate additional university personnel will then, in the exercise of their professional judgment and discretion, fill out a Withdrawal Form.
3. In the case of a voluntary withdrawal, the teacher candidate may reapply for placement in a future semester. Any reapplication and placement must be in compliance with the Kean policy for reenrollment. When granted permission to repeat a clinical experience, the teacher candidate may have an action plan and may also need to comply with any new state, program or college requirements.
4. When a teacher candidate is removed from a clinical assignment, the SPACE Director will schedule a meeting to include the teacher candidate, the Director of SPACE, and/or the Department Chair, COE Associate Dean or other appropriate University personnel.
5. The Director of SPACE will send written notice to the cooperating school and the Dean of the College of Education of the withdrawal/removal of any teacher candidate for any reason.
6. In the senior seminar, an evaluation of the appropriate grade for the course will be assessed and communicated to the teacher candidate.
7. Voluntary withdrawal from a clinical placement may cause a teacher candidate to forfeit any tuition and fees associated with that clinical placement. If granted permission to retake a clinical placement in a subsequent semester, a teacher candidate will likely be required to pay the tuition and fees associated with the clinical placement again.

The teacher candidate may appeal a withdrawal/termination decision to the College of Education Retention Committee.

Involuntary

A teacher candidate may be withdrawn involuntarily, by the university or at the request of the school district, from a clinical experience for cause shown, including:

1. Certain health conditions (such as pneumonia or pink eye) may require an involuntary withdrawal from the placement. Once the health issue is resolved and cleared with a doctor's note, the teacher candidate may return to the placement.
2. Determination by the school district or university personnel that continued participation in the experience will adversely affect the students served, the teacher candidate, the participating school or agency, or the university.
3. Failure by the teacher candidate to meet the minimum requirements of the experience as determined by the cooperating teacher(s) and/or Clinical Supervisor(s). In this case, the evidence to support the decision should be provided by the Clinical Supervisor(s) with the guidance of the cooperating teacher(s). Documentation of all evaluations, conferences and Special Case Forms must be provided.

The procedures for the removal of an intern are as follows:

1. In some cases, a teacher candidate may violate a school policy/rule or Kean policy which may result in the teacher candidate being involuntarily and immediately removed from the placement. When appropriate school personnel and university staff consider withdrawing a teacher candidate from a clinical assignment, the Director of SPACE will schedule a conference with the teacher candidate, Department Chair, SPACE Director and/or Kean Associate Dean. Appropriate school personnel and additional university personnel may be present.
 - a. Specific reasons for withdrawal consideration will be presented at the conference. The teacher candidate will be presented with a Special Case form completed and signed by the Clinical Supervisor and/or cooperating teacher. The teacher candidate is required to sign the Special Case form irrespective of whether they agree with the assessment.
 - b. The teacher candidate shall be given an opportunity to present information relating to the reasons for withdrawal consideration.
 - c. After the teacher candidate has had the opportunity to be heard, they shall be excused from the conference, and the educational professionals shall evaluate the reasons for withdrawal, the documentation thereof, and any responses of the teacher candidate to said reason and documentation.
2. If a professional decision is made to withdraw the teacher candidate from the clinical or student teaching assignment, the SPACE Director shall inform the respective Department Chair. The SPACE Director and Department Chair, and appropriate additional university personnel will then, in the exercise of their professional judgment and discretion, fill out a Withdrawal Form identifying the reasons and category for withdrawal and providing specific steps to be completed before any future directed teaching assignment can be made.
 - a. Without Restriction: If the withdrawal is for verified health reasons, for the teacher candidate's personal reasons or for other verified reasons, the teacher candidate may reapply for assignment in a future semester.
 - b. Probationary: The Director of SPACE and the Department Chair shall identify the specific problems and will, with the aid of the respective Clinical Supervisor, identify specific remedial steps to be completed before another assignment can be made. These specific remedial steps shall be filed with the Director of SPACE with copies forwarded to the Department Chair.
 - c. Terminal: In the exercise of their professional judgment and discretion, the Director of SPACE, the respective Department Chair, and the Clinical Supervisor, may decide to terminate the teacher candidate's placement with no provision for further placement. The Department Chair and the Director of SPACE shall notify the Dean of the College of Education of the decision to terminate the teacher candidate's placement.
3. When a teacher candidate is removed from a placement, SPACE Director will schedule a meeting to include: the teacher candidate, the Director of SPACE, and/or the Department Chair and the COE Associate Dean. The teacher candidate will be informed of the reasons for withdrawal/removal and the category of withdrawal/removal.
4. The Director of SPACE will send written notice to the cooperating school and the Dean of the College of Education of the withdrawal/removal of any teacher candidate for any reason.

5. In either the senior seminar, an evaluation of the appropriate grade for the course will be assessed and communicated to the teacher candidate.
6. A teacher candidate may or may not be granted permission to repeat a clinical experience. If granted, the teacher candidate will have an action plan and may also need to comply with any new state, program or college requirements.
7. Teacher candidates who are unsuccessful a second time in clinical experience will be reviewed for removal from the program. A third attempt to re-enroll will not be permitted.
8. Withdrawal from a clinical placement may cause a teacher candidate to forfeit any tuition and fees associated with that clinical placement. If granted permission to retake a clinical placement in a subsequent semester, a teacher candidate will likely be required to pay the tuition and fees associated with the clinical placement again.

The teacher candidate may appeal a withdrawal/termination decision to the College of Education Retention Committee.

Short Term Cooperating Teacher Absence

If a cooperating teacher must be absent on a short-term basis (1-5 days), a substitute teacher must be present in the classroom. The clinical intern's responsibilities should include only those which have been previously assigned. The student teacher may observe or assist the substitute teacher.

Social Media Policy

The College of Education recognizes that social media sites have become important and influential communication channels for engaging and developing relationships. COE recognizes and embraces the power of social media and supports the use of such communication tools to connect with peers and colleagues.

In a teacher candidate's enthusiasm to make the most out of these tools, be mindful of any legal ramifications that may occur. New legal issues with social networking seem to arise on a weekly, if not daily, basis.

Best Practices for All Social Media Sites, Including Personal Sites:

1. **Do not add any students to your social networks such as Facebook, Instagram, Snapchat, X or other social networks *for any reason as they are minors*.** Similarly, do not accept invitations from students (whether in your classes or not) who request to add you to their accounts.
2. **Think twice before posting. Privacy does not exist in the realm of social media.** Consider what could happen if a post becomes widely known and how that may reflect both on the poster and the University. Remember that archival systems such as blogs save information even after the poster has deleted it. If a teacher candidate is uncertain about posting something or responding to a comment, they should ask their advisor for input.
3. **Protect confidential and proprietary information.** When posting to a social media site, be sure not to post confidential or proprietary information about Kean students or employees, as well as cooperating teachers and students.

4. **On personal sites, identify your views as your own.** If you identify yourself as a Kean COE student, it should be clear that the views expressed are not necessarily those of the University or COE.
5. **Strive for accuracy. Make sure your facts are straight** before posting them on social media. Review content for grammatical and spelling errors.
6. **Be respectful.** Understand that content contributed to a social media site may solicit comments or discussions of opposing views. Responses should be considered carefully in light of how they would reflect on the poster and/or the University and its institutional voice.
7. **Remember your audience.** Be aware that a presence in the social media world is or easily can be made available to the public at large. This includes prospective and current students, professors, advisors, supervisors, cooperating teachers and students, family members, etc. Consider this before publishing to ensure the post will not alienate, harm, or provoke any of these groups.
8. **Use of College logos.** Do not use the University's name to promote a product or cause.
9. **Use of photography. Photographs posted on social media sites can easily be reproduced or re-posted by any visitor to a social media site, without permission.** A teacher candidate should always take time to consider the appropriateness of posting a photograph on official and personal accounts. If the picture is not something that they would want distributed by others or the media, the candidate may want to reconsider posting the photo. There is no posting of pictures of students from a candidate's clinical placement.
10. **Taking photos and videos.** At no time should a teacher candidate take a photograph or video of a student for any reason, either in the classroom, on a field trip or any other interaction. In addition to the image being stored on a smartphone, many devices automatically sync and upload to cloud storage services. The privacy of the students in the classroom is a critical factor in all choices involving social media and photography.

Teacher Candidate as Substitute Teacher

Clinical interns may not serve as substitute teachers while completing hours for their clinical practice. They may not serve as a long term or per diem substitute while they are in a mentor relationship in the school. This is a Kean University policy and is intended to protect the cooperating school system and its students as well as the clinical intern. There are no exceptions. Once a clinical intern has completed the NJ state mandated 15 weeks of full-time clinical practice, the clinical intern may enter into an employment agreement with the district.

Clinical interns completing Clinical Practice 1, who have a NJ state certified substitute certificate, may substitute teach for a school or district on days they are not completing placement hours.

Violation of Kean COE Pillars and Domains Policy

The College of Education has Pillars & Domains in place for all students completing the teacher education program within the college. These can be found in the Codes & Standards section of this handbook. Any candidate who is found to violate these standards will meet with the Department Chair, Program Director and Director of SPACE, if applicable. Examples of violation include but are not limited to forging signatures, lying to schoolteachers or administration, purposefully reporting inaccurate hours, and submitting fabricated student assignments. A review of the violation, using The Separation from Clinical Placement Policy (found in this handbook), will determine whether there will be a continuation of placement, repeating of placement or removal from the placement or program.

Work Stoppage or Union Strike

If a work stoppage occurs in a cooperating school system where student teachers are assigned, it is the policy of Kean University that student teachers be declared non-participants to either party involved. The clinical intern is to immediately notify their university supervisor of the situation and will remain away from school on a standby basis during the period of time when the school is closed or during the period of time when the school is declared open without resolve of conflicting issues between the Board of Education and the local Teacher Association.

This policy is declared not to favor one side or the other but to realistically recognize the clinical intern's status as a temporary assignee to the school and non-participant in the negotiation process and to protect all parties in the clinical experience program from conflict and concern.

If the work stoppage is less than 5 days, the clinical intern may remain assigned to the school or district. If the work stoppage extends beyond 5 days, the clinical intern will meet with the program director and SPACE Director to determine the next steps in the best interest of the candidate, which may include removal from that district, reassignment in that semester or reassignment in the following semester.

CLINICAL PLACEMENT EXPECTATIONS

The following information is intended to provide specific guidance to clinical interns, cooperating teachers and clinical supervisors in relation to clinical placements, expectations, roles, responsibilities and requirements.

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CLINICAL INTERN OVERVIEW

Clinical interns are teacher candidates completing their full year clinical practice. In order to meet NJDOE state requirements, beginning in the Fall of 2017 in teacher preparation programs, clinical interns are required to complete a full year of clinical practice. This includes one semester of clinical practice two full days a week and one semester of 15 weeks of 5 days a week. In most circumstances, this is completed during a Fall/Spring semester combination. However, in some instances a clinical intern may complete the requirement in a Spring/Fall combination.

The semester of two days a week is referred to as Clinical Practice 1. The semester of five days a week is referred to as Clinical Practice 2.

Expectations and Responsibilities

During the clinical practice year, the teacher candidate's main objective is to continue to develop the knowledge, skills, and dispositions to be an effective teacher. Clinical interns should strive to become thoughtful learners, leaders, inquirers, and community members.

Throughout the year, the clinical intern must work on the development of their technical competencies and reflective teaching. He or she should also, along with the assistance of the cooperating teacher, gradually assume responsibility for planning, instruction, and management of the classroom to work toward full-time, lead teaching or develop a successful model of co-teaching/co-planning. Designing and implementing lessons using a variety of instructional strategies/activities, experiencing one-on-one, small-group and large-group settings, and using a variety of instructional media and resources is a part of the teaching process and should include bringing about an understanding of individual differences relating to race, class, gender, culture, and ability. It is also important to participate in all activities and responsibilities required of the cooperating teacher, such as record keeping, grading, conferences, in-services, faculty meetings, and other non-teaching responsibilities such as class plays, athletic events, musical performances, field trips and other student-centered activities.

Clinical interns need to develop a receptive attitude toward suggestions and criticisms. Constructive feedback from the cooperating teacher and clinical supervisor is essential for growth as a professional. Also, clinical interns should not be afraid to ask for advice or suggestions from their cooperating teacher and clinical supervisor. Setting up regular meetings with the cooperating teacher to discuss concerns, plans, and progress is one way to keep the communication lines open. Clinical interns should notify the clinical supervisor of any changes in their schedule and submit their written lesson plans for each lesson observed.

Guide to Week-to-Week Activities for 15 Weeks of Clinical Practice

Historically, the model of a clinical intern over the 15-week semester has been a gradual acquisition by the clinical intern of lessons and subject areas over the first part of the semester, full teaching by the teacher candidate followed by a gradual return of content to the cooperating teacher.

A guide to week-to-week activities for the 15-week full-time clinical practice semester can be found in the appendix section.

Co-Teaching Models

In recent years, many cooperating teachers and teacher candidates have adopted a co-planning/co-teaching model for clinical practice. Dr. Marilyn Friend is considered to be a leader in the field of co-teaching. The six approaches to co-teaching she presents can be found on her website at <http://www.marilynfriend.com/approaches.htm>. In the appendix section, there can be found an overview of Dr. Friend's six models to co-teaching and also a suggested timeline for co-teaching throughout clinical practice.

An additional resource for how classrooms can be structured for the six models of co-teaching can be found here, <http://www.teaching2gethertexas.com/uploads/4/5/2/9/45296987/introtocoteachingapproachesthebigpicture.pdf>.

Professors at St. Cloud University published an article, 'Changing the Face of Student Teaching Through Co-teaching'. It is not required reading, but many may find it helpful. It is available here: http://www.stcloudstate.edu/soe/coteaching/files/documents/ATE_article_2010.pdf.

Clinical Practice/Senior Seminar

In a teacher candidate's final semester, they will be enrolled in Clinical Practice 2 (9 credits) and Senior Seminar/Capstone (3 credits). These are the only two courses a candidate may be enrolled in this semester; any additional coursework requires prior approval from the College of Education Dean's Office. Candidates may not have any semesters of coursework following their Clinical 2 semester as this semester should be their final one prior to matriculation and recommendation for licensure.

Teacher Performance Based Assessment

With the elimination of edTPA in December 2022, NJDOE is working with colleges and universities to have a new Performance Based Assessment in place for the Spring 2024 semester.

KEEP (Kean Educator Evaluation of Performance), inclusive of the professional and classroom community, assesses the dispositions of a beginning teacher which includes lesson planning, assessment, classroom management, communication, professionalism, problem solving and reflection. As a replacement to the edTPA assessment formerly required for teacher certification, the KEEP portfolio complements clinical practice and the Praxis subject test(s), which demonstrate a teacher candidate's knowledge of content and pedagogy. As part of the capstone course, teacher candidates must earn a satisfactory score on the KEEP performance assessment.

Kean piloted the KEEP performance assessment instrument during the Spring 2024 semester and officially launched the assessment in the Fall 2024 semester. This performance assessment is part of a teacher candidate's senior seminar/capstone course and will be explained and evaluated by that course instructor. Additional information on KEEP will be provided during that course.

Evaluation for Clinical Interns – Observation & Conference Report (OCR) & Clinical Competency Inventory (CCI)

Following is an image of the evaluation instruments and the frequency with which they are used in both Clinical 1 and Clinical 2.

VISITS/EVALUATIONS/FORMS

Clinical I

Initial Visit – in person
 Visit/Formal Observation – OCR 1
 Visit/Formal Observation – OCR 2
 Visit/Formal Observation – OCR 3
 No visit/Observation – Final CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)

Clinical II

Initial Visit – In person/remote*
 Visit/Formal Observation – OCR 1
 Visit/Formal Observation – OCR 2
 Visit/Formal Observation – OCR 3
 Midterm Visit – CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)
 Visit/Formal Observation – OCR 4
 Visit/Formal Observation – OCR 5
 Final Visit – CCI** & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)

Thresholds are in place on CCI at Clinical I final & Clinical II
 Midterm on both CCI and Dispositions to trigger special case form

** 3.0 required for certification

Observation & Conference Report (OCR)

A sample of the OCR evaluation report can be found in the appendix.

The OCR is aligned to the InTASC standards. The instrument is used throughout Clinical 1 and Clinical 2 by the clinical supervisor to provide consistent feedback and guidance. The CCI is closely aligned with the OCR and, together, they help guide candidates through their placements and help demonstrate growth over time.

Clinical Competency Inventory (CCI)

An example of the CCI evaluation instrument can be found in the appendix.

The CCI has been designed to provide feedback on the progress of individual teaching candidates who are completing their clinical practice experience in their teacher preparation program. This performance-based assessment instrument measures key competencies aligned to the 2011 InTASC standards that are required of all teaching candidates prior to being recommended for certification. The CCI specifies the defining set of competencies that pre-service teachers should demonstrate before being recommended for certification in the State of New Jersey.

Some competencies may not be observable and usually start with the phrase, “Provides evidence of.” It is expected that the candidate will bring evidence of these competencies to a conference. It is the teaching candidate’s responsibility to bring a professional portfolio and additional artifacts to the final assessment conference.

The CCI is to be used as a formative assessment at the midterm evaluation and a summative assessment at the completion of the clinical practice experience, during the last observation. It should be used in conjunction with the OCR that is aligned with the CCI and focuses on the quality of the specific lesson being observed. The CCI is meant to be a cumulative assessment of competencies that the supervisor and cooperating teacher have observed throughout the clinical practice. The CCI should be introduced at the beginning of the clinical practice to guide the development of the teaching candidate and to provide feedback on the candidate’s strengths and areas of improvement.

Please note that the rating of Not Observed cannot be used for the Final Assessment. If a Clinical Supervisor or Cooperating Teacher did not observe a specific indicator in the

classroom at the midterm, the midterm conference should have provided guidance to the teacher candidate on how he or she can demonstrate competency in that standard by the final evaluation. If you have a question or reservation about an indicator, please insert a comment explaining your concerns.

At the final (7th) visit, the Clinical Supervisor and Cooperating Teacher must rate all 34 indicators. A teaching candidate needs a 3.0 average, a total of at least 102 points, to be recommended for certification.

Contact Hour Logs

For security purposes, teacher candidates will document attendance at the main office or security desk at the district/school placement upon arrival and departure. Teacher candidates will also maintain a timesheet that documents the dates and times of attendance. This information is used to submit weekly Contact Hour Logs in Anthology which are submitted to the intern's clinical supervisor for review and approval. Candidates should be aware that verification of hours by the supervisor can be done at the discretion of the supervisor and/or Director of SPACE.

All hours requirements for Clinical 1 and Clinical 2 are MINIMUM requirements. Candidates are required to remain in their placement for the duration of the semester, regardless of when they have met the minimum hour requirement.

Surveys

Near the completion of clinical practice, clinical interns are required to complete the following surveys to provide feedback to the programs for improvement and focus.

CCI Self-Reflection/Evaluation

Clinical interns complete the same CCI instrument used at the mid-term and final by the cooperating teacher and clinical supervisor. Clinical interns use the instrument as a way to reflect on their placement, skills and knowledge and as a benchmark for future growth and development.

Dispositions Assessment

Clinical interns are required to complete the Dispositions Assessment at the midpoint and final of both Clinical 1 and Clinical 2.

Clinical Placement Evaluation

Near the conclusion of clinical practice, clinical interns are required to complete a survey to provide feedback on the placement school, classroom, cooperating teacher and clinical supervisor. The feedback and information gathered from the teacher candidates is used to evaluate the placements, cooperating teachers and clinical supervisors for subsequent semesters.

Special Case Form

If a clinical intern displays behaviors or performances that suggest they are struggling, a cooperating teacher and/or clinical supervisor can submit a Special Case Form. Any submission of a Special Case Form must be preceded by conversations between the cooperating teacher, clinical supervisor and teacher candidate.

It is important to note that a Special Case Form should be submitted as soon as there is a concern the cooperating teacher or clinical supervisor feels needs to be addressed. However, the cooperating teacher and supervisor should have already discussed the concerns with the teacher candidate. It is in the teacher candidate's best interest to have as much time as possible to address any concerns or work toward improvement.

There are also thresholds on the Lesson Plan Rubric, Dispositions Assessment and Clinical Competency Inventory at the midterm and final of Clinical 1 and Clinical 2. If interns do not meet the thresholds, a Special Case Form will be released for submission. This allows the best opportunity to provide support to an intern in need of additional guidance and resources.

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COOPERATING TEACHER OVERVIEW

As a licensed classroom teacher accepting one of Kean's teacher candidates, a teacher is considered a cooperating teacher. Whether the teacher candidate is in your classroom for a pre-clinical observation or the full year clinical practice, a lead classroom teacher is a cooperating teacher to our teacher candidate. While the level of commitment and expectations will vary, every cooperating teacher is required to complete an evaluation for the teacher candidate and every cooperating teacher must approve timesheets for the teacher candidate.

The cooperating teacher is an important part of the clinical experience triad and plays a key role in the experience because they work closest with the teacher candidate. To receive the greatest benefits from this relationship, a mutual feeling of respect and understanding must exist. It is important for the cooperating teacher to accept the teacher candidate as a co-worker and convey that acceptance to both their students and colleagues. The cooperating teacher should also demonstrate professional conduct and provide an effective role model in all aspects of teaching.

At the beginning of the semester, the intern, cooperating teacher, and clinical supervisor will meet to develop written expectations for the clinical placement, which are acceptable to all three members of the triad.

In the clinical practice placement, the cooperating teacher and clinical intern will meet on a regular basis throughout the semester to: 1) monitor progress in meeting the expectations, 2) assess the teacher candidate's understanding of utilization of the district curriculum, 3) assess the student's understanding and development of the district's expectations for teachers, 4) review written assessments of the teacher candidate's teaching, based on the expectations, 5) clarify other teacher-clinical intern responsibilities.

Initially, the clinical intern may feel anxious and have many questions about their respective clinical experience. (A list of questions clinical interns are encouraged to discuss with cooperating teachers can be found in the appendix) The cooperating teacher can help the student feel more at ease and accepted by providing the teacher candidate with a desk or work space, an assembled packet of school and classroom procedures and policies, and familiarizing him/her with the administrators, faculty, support staff, curriculum programs, and available resources.

It is important to involve the intern in some classroom activities early in their experience even if these activities are somewhat limited in terms of responsibility. The cooperating teacher can begin by setting aside time to discuss a cooperative plan for the semester. This planning time is useful in identifying performance expectations for both the teacher candidate and the cooperating teacher.

The preparation of our teacher candidates would not be possible without the mentorship, time and commitment of our cooperating teachers. We are grateful for your partnership and commitment to the profession of education.

Expectations

An outline of the Role of the Cooperating Teacher can be found in the appendix. It provides an overview of expectations of cooperating teachers of both pre-clinical and clinical interns. Please refer to that information for general requirements and expectations. The following information addresses the specific forms and evaluations required to be completed by cooperating teachers.

Clinical Intern

There are several documents in the appendix that are excellent resources to help guide, prepare and open dialogue with your clinical intern.

Throughout the clinical practice year, the clinical intern will be seeking guidance and mentorship from the cooperating teacher. A clinical intern completing their clinical practice will likely be with the cooperating teacher for a full year. In most cases, the year will be a Fall/Spring semester combination where the clinical intern is in the classroom for two days a week in the fall and five days a week for 15 weeks in the spring semester. In some instances, a clinical intern may complete these hours in a Spring/Fall combination, where the spring semester is two days a week and the fall semester is five days a week for 15 weeks.

Evaluation Instruments

Following is an image of the evaluation instruments and the frequency with which they are used in both Clinical 1 and Clinical 2.

VISITS/EVALUATIONS/FORMS	
<p>Clinical I</p> <p>Initial Visit – in person</p> <p>Visit/Formal Observation – OCR 1</p> <p>Visit/Formal Observation – OCR 2</p> <p>Visit/Formal Observation – OCR 3</p> <p>No visit/Observation – Final CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)</p>	<p>Clinical II</p> <p>Initial Visit – In person/remote*</p> <p>Visit/Formal Observation – OCR 1</p> <p>Visit/Formal Observation – OCR 2</p> <p>Visit/Formal Observation – OCR 3</p> <p>Midterm Visit – CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)</p> <p>Visit/Formal Observation – OCR 4</p> <p>Visit/Formal Observation – OCR 5</p> <p>Final Visit – CCI** & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)</p>
<p>Thresholds are in place on CCI at Clinical I final & Clinical II Midterm on both CCI and Dispositions to trigger special case form</p>	
	<p>** 3.0 required for certification</p>

Observation & Conference Report (OCR)

A sample of the OCR evaluation report can be found in the appendix.

The OCR is aligned to the InTASC standards. The instrument is used throughout Clinical 1 and Clinical 2 by the clinical supervisor to provide consistent feedback and guidance. The CCI is closely aligned with the OCR and, together, they help guide candidates through their placements and help demonstrate growth over time. The OCR is NOT completed by the cooperating teacher.

Clinical Competency Inventory (CCI)

An example of the CCI evaluation instrument can be found in the appendix.

The CCI has been designed to provide feedback on the progress of individual teaching candidates who are completing their clinical practice experience in their teacher preparation program. This performance-based assessment instrument measures key competencies aligned to the 2011 InTASC standards that are required of all teaching candidates prior to being recommended for certification. The CCI specifies the defining set of competencies that pre-service teachers should demonstrate before being recommended for certification in the State of New Jersey.

Some competencies may not be observable and usually start with the phrase, “Provides evidence of.” It is expected that the candidate will bring evidence of these competencies to a conference. It is the teaching candidate’s responsibility to bring a professional portfolio and additional artifacts to the final assessment conference.

The CCI is to be used as a formative assessment at the midterm evaluation and a summative assessment at the completion of the clinical practice experience, during the last observation. It should be used in conjunction with the OCR that is aligned with the CCI and focuses on the quality of the specific lesson being observed. The CCI is meant to be a cumulative assessment of competencies that the supervisor and cooperating teacher have observed throughout the clinical practice. The CCI should be introduced at the beginning of the clinical practice to guide the development of the teaching candidate and to provide feedback on the candidate’s strengths and areas of improvement.

Please note that the rating of Not Observed cannot be used for the Final Assessment. If a Clinical Supervisor or Cooperating Teacher did not observe a specific indicator in the classroom at the midterm, the midterm conference should have provided guidance to the teacher candidate on how he or she can demonstrate competency in that standard by the final evaluation. If you have a question or reservation about an indicator, please insert a comment explaining your concerns.

At the final (7th) visit, the Clinical Supervisor and Cooperating Teacher must rate all 34 indicators. A teaching candidate needs a 3.0 average, a total of at least 102 points, to be recommended for certification.

Evaluation of Clinical Supervisor

As part of SPACE’s efforts for continuous improvement, we are asking cooperating teachers to complete a brief evaluation instrument assessing the clinical supervisor assigned to the teacher candidate in the classroom. The instrument is focused on the clinical supervisor’s support and interactions with the teacher candidate and the cooperating teacher. **Only cooperating teachers of clinical interns in the full-year clinical practice are asked to complete this evaluation.**

An example of the Cooperating Teacher Evaluation of Clinical Supervisors in Clinical Practice can be found in the appendix.

Cooperating teachers will receive an email to the online evaluation instrument to be completed in Anthology. If a cooperating teacher does not receive the email and link(s) or has difficulty accessing or completing the evaluation(s), please contact SPACE at 908-737-3871 or at coepo@kean.edu.

Special Case Form

If a clinical intern displays behaviors or performances that suggest they are struggling, a cooperating teacher and/or clinical supervisor can submit a Special Case Form. Any submission of a Special Case Form must be preceded by conversations between the cooperating teacher, clinical supervisor and teacher candidate.

It is important to note that a Special Case Form should be submitted as soon as there is a concern the cooperating teacher or clinical supervisor feels needs to be addressed. However, the cooperating teacher and supervisor should have already discussed the concerns with the

teacher candidate. It is in the teacher candidate's best interest to have as much time as possible to address any concerns or work toward improvement.

There are also thresholds on the Lesson Plan Rubric, Dispositions Assessment and Clinical Competency Inventory at the midterm and final of Clinical 1 and Clinical 2. If interns do not meet the thresholds, a Special Case Form will be released for submission. This allows the best opportunity to provide support to an intern in need of additional guidance and resources.

In the event this support plan is not enough, the College has established a Retention Committee.

Professional Development Hours & Honorarium

Cooperating teachers of clinical interns completing year-long clinical practice receive an honorarium of \$350 for their work throughout the year in addition to **25 professional development hours (5 hours for Clinical 1 and 20 hours for Clinical 2)**. If a cooperating teacher only mentors a clinical intern for one semester or more than one cooperating teacher mentors a candidate, the honorarium will be split accordingly. The Clinical 1 honorarium is \$100 and Clinical 2 honorarium is \$250. In order to receive payment, cooperating teachers must complete a W-9 and the Honorarium Request Form. The Honorarium Request Form will be provided to the cooperating teacher and will be completed in Anthology. The W-9 form will be distributed to the cooperating teacher as well and is requested to be completed at the Initial Visit at the beginning of the semester. Payment of an honorarium cannot be made until these forms are received from cooperating teachers. In addition, cooperating teachers must complete the online Clinical Competency Inventory training and assessment and complete all required evaluations for their intern. As evaluations aren't completed until the end of the semester, honorarium payments can not be made until January for fall semesters and June for spring semesters.

Cooperating Teacher Qualifications

Cooperating Teachers mentor interns on a daily basis throughout a clinical placement. Cooperating teachers must:

- Hold a teaching certificate in the same area being pursued by the intern.
- Have taught for three years with at least one year of experience in the current school system.
- Have tenure, or the equivalent, in the school district, if mentoring a clinical intern.
- Have the approval of their school building principal and school district.

CLINICAL SUPERVISOR OVERVIEW

The clinical supervisor additionally serves as an intermediary, eliminating misunderstandings and resolving conflict between the cooperating teacher and the teacher candidate. They should consult with the cooperating teacher regularly regarding the teacher candidate's performance. They are also responsible for helping the clinical student or student teacher in their development of technical management competencies and reflective teaching and should offer support in practical and theoretical work by considering short and long-term professional needs. They should be readily available to the teacher candidate and cooperating teachers for discussion of the candidate's teaching experience. Any problems which may arise during the intern process should be reported to the Director of the Office of Student Placement & Clinical Experiences.

Finally, the clinical supervisor is an employee of Kean University. As such, the clinical supervisor is required to attend all supervisor meetings, trainings and orientations for which they have assigned teacher candidates. The inability to attend such meetings may result in withdrawal of assigned teacher candidates for that semester.

Expectations

An outline of the Role of the Clinical Supervisor can be found in the appendix. It provides an overview of expectations for clinical supervisors of interns. Please refer to that information for general requirements and expectations. The following information addresses the specific forms and evaluations required to be completed by clinical supervisors.

Evaluation Instruments

Following is an image of the evaluation instruments and the frequency with which they are used in both Clinical 1 and Clinical 2.

VISITS/EVALUATIONS/FORMS	
Clinical I Initial Visit – in person Visit/Formal Observation – OCR 1 Visit/Formal Observation – OCR 2 Visit/Formal Observation – OCR 3 No visit/Observation – Final CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)	Clinical II Initial Visit – In person/remote* Visit/Formal Observation – OCR 1 Visit/Formal Observation – OCR 2 Visit/Formal Observation – OCR 3 Midterm Visit – CCI & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate) Visit/Formal Observation – OCR 4 Visit/Formal Observation – OCR 5 Final Visit – CCI** & Dispositions Assessment (Supervisor, Cooperating Teacher & Candidate)
Thresholds are in place on CCI at Clinical I final & Clinical II Midterm on both CCI and Dispositions to trigger special case form	
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Some competencies may not be observable and usually start with the phrase, “Provides evidence of.” It is expected that the candidate will bring evidence of these competencies to a conference. It is the teaching candidate’s responsibility to bring a professional portfolio and additional artifacts to the final assessment conference.

The CCI is to be used as a formative assessment at the midterm evaluation and a summative assessment at the completion of the clinical practice experience, during the last observation. It should be used in conjunction with the OCR that is aligned with the CCI and focuses on the quality of the specific lesson being observed. The CCI is meant to be a cumulative assessment of competencies that the supervisor and cooperating teacher have observed throughout the clinical practice. The CCI should be introduced at the beginning of the clinical practice to guide the development of the teaching candidate and to provide feedback on the candidate’s strengths and areas of improvement.

Please note that the rating of Not Observed cannot be used for the Final Assessment. If a Clinical Supervisor or Cooperating Teacher did not observe a specific indicator in the classroom at the midterm, the midterm conference should have provided guidance to the teacher candidate on how he or she can demonstrate competency in that standard by the final evaluation. If you have a question or reservation about an indicator, please insert a comment explaining your concerns.

At the final (7th) visit, the Clinical Supervisor and Cooperating Teacher must rate all 34 indicators. A teaching candidate needs a 3.0 average, a total of at least 102 points, to be recommended for certification.

Special Case Form

If a clinical intern displays behaviors or performances that suggest they are struggling, a cooperating teacher and/or clinical supervisor can submit a Special Case Form. Any submission of a Special Case Form must be preceded by conversations between the cooperating teacher, clinical supervisor and teacher candidate.

It is important to note that a Special Case Form should be submitted as soon as there is a concern the cooperating teacher or clinical supervisor feels needs to be addressed. However, the cooperating teacher and supervisor should have already discussed the concerns with the teacher candidate. It is in the teacher candidate’s best interest to have as much time as possible to address any concerns or work toward improvement.

There are also thresholds on the Lesson Plan Rubric, Dispositions Assessment and Clinical Competency Inventory at the midterm and final of Clinical 1 and Clinical 2. If interns do not meet the thresholds, a Special Case Form will be released for submission. This allows the best opportunity to provide support to an intern in need of additional guidance and resources.

In the event this support plan is not enough, the College has established a Retention Committee.

Evaluation of Cooperating Teacher

As part of SPACE's efforts for continuous improvement, we are asking clinical supervisors to complete a brief evaluation instrument assessing the cooperating teacher mentoring the clinical intern. The instrument is focused on the cooperating teacher's support and interactions with the teacher candidate and you, as the clinical supervisor. **Only clinical supervisors of clinical interns in the full-year clinical practice are asked to complete this evaluation.**

An example of the Clinical Supervisor Evaluation of Cooperating Teachers in Clinical Practice can be found in the appendix.

Cooperating teachers will receive an email to the online evaluation instrument to be completed in Anthology. If a cooperating teacher does not receive the email and link(s) or has difficulty accessing or completing the evaluation(s), please contact SPACE at 908-737-3871 or at coepo@kean.edu.

Clinical Supervisor Qualifications

Kean University and the College of Education has established the following qualifications for clinical supervisors:

1. Have teacher Certification in the area of supervision.
2. Earned a master's degree; or the equivalent experience in the area of supervision.
3. Have a valid Driver's License in the state of New Jersey.

If you or someone you know is qualified and interested in being interviewed and potentially hired as a clinical supervisor, please have them apply via Workday to the position posted.

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APPENDIX

The following are relevant documents as they pertain to different points throughout the handbook. The purpose is to provide further details.

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Appendix 1: PRAXIS II Registration & Test Information**PRAXIS INFORMATION as of July 2016**

(The NJ DOE may change pass rates or test requirements, providing notice of the change, and we are bound to the rules and code of the state in order to insure licensure.)

- ✓ Use the chart below to locate the test you need to take as per your certification.
- ✓ For more information, on registering for a test, please visit the ETS Website at <http://www.ets.org/praxis/nj/requirements>
- ✓ Passing Praxis II scores must be received in SPACE by December 1st for a Spring placement and August 1st for a Fall placement.

To Be Certified In	You Need to Take	CDT	Pass Score
Elementary K-6	Elementary Education: Multiple Subjects	5001	
Elementary K-6 Elementary School with Subject Matter Preparation: Language Arts Literacy (5-8)	✓ Reading and Language Arts	5002	157
	✓ Mathematics	5003	157
	✓ Social Studies	5004	155
	✓ Science	5005	159
	Middle School English Language Arts	5047	164
Elementary School with Subject Matter Preparation: Mathematics (5-8)	Middle School Mathematics	5169	165
Elementary School with Subject Matter Preparation: Science (5-8)	Middle School Science	5440	150
Elementary School with Subject Matter Preparation: Social Studies (5-8)	Middle School Social Studies	5089	158
Secondary Education Science: Concentration Biology	Biology Content Knowledge (Additional Requirement General Science Content Knowledge)	5235	152
General Science: Content Knowledge	Science: Content Knowledge	5435	152
Secondary Education Science: Concentration Chemistry	Chemistry Content Knowledge (Additional Requirement General Science Content Knowledge)	5245	152
Secondary Education Science: Concentration Earth and Space Science	Earth and Space Content Knowledge (Additional Requirement General Science Content Knowledge)	5571	153
Secondary Education Science: Concentration Physics	Physics Content Knowledge (Additional Requirement General Science Content Knowledge)	5265	141
Secondary Education Science: Concentration Social Studies	Social Studies Content Knowledge	5081	157
Secondary Education Math	Math Content Knowledge	5161	160
Secondary Education English, Language, Literature and Composition	English Content Knowledge	5038	167
Secondary Education: Spanish*	Spanish Content Knowledge	5195	168
Secondary Education: Music	Music Content Knowledge	5113	153
Secondary Education: Art	Art Content Knowledge	5134	158

*Spanish & all World Language majors must also pass the OPI (Oral Proficiency Interview) to receive state licensure.

Appendix 2: Special Case Form

Office of Student Placement & Clinical Experiences

Kean University
College of Education
Telephone (908) 737-3781
Email: coepo@kean.edu

Level of Clinical Experience:

- Clinical Experience 1 Clinical Practice 1
- Clinical Experience 2 Clinical Practice 2
- Clinical Experience 3

A report may be initiated by any member of the field experience triad: teacher candidate, cooperating teacher or clinical supervisor.

A. Semester: __ Fall __ Spring **Year:** **Date:**

Teacher Candidate:

District & School:

Clinical Supervisor:

Cooperating Teacher:

A clinical experience assignment may create challenges which require identification and professional management and/or termination of the placement. A teacher candidate may experience difficulty with the competency area of skills (i.e. classroom skills, management skills); knowledge content (i.e. knowledge of how students develop) or dispositions (i.e. enthusiasm for teaching, interpersonal skills). Concerns should be aligned to InTASC Standards and NJPST. Please indicate all applicable areas of concern:

___ skills (classroom management, organization) ___ knowledge (content, child development) ___ dispositions (enthusiasm, prepared, communication, attire)

B. Explanation of problem and any previous attempts for feedback, modification and/or support:

C. Request for Action:

___ Plan of Action for Improvement ___ Voluntary Withdrawal from Placement ___ Involuntary Withdrawal from Placement

Teacher Candidate Signature	Date	Clinical Supervisor Date Cooperating Teacher Date

If requesting a Plan of Action for Improvement, please complete the first column and identify specific competency (ies) in need of improvement. The rest of the table will be completed at the meeting between the teacher candidate, SPACE Director and Department Chair. Complete either Section D or E in accordance with Request for Action.

___ skills (classroom management, organization) ___ knowledge (content, child development) ___ dispositions (enthusiasm, prepared, communication, attire)

Identify Specific Competency(ies) in Need of Improvement (skills, knowledge, dispositions)	Describe Strategies for Improvement	Indicate Person Responsible for Implementing Strategies	Establish Timeline For Improvement

E. Decision on Withdrawal from Placement Request (Voluntary or Involuntary):

_____ Without Restriction: The withdrawal is for verified health reasons, for the teacher candidate's personal reasons or for other verified reasons, the teacher candidate may reapply for assignment in a future semester.

_____ Probationary: The Director of SPACE, Program Director, Department Chair and/or Associate Dean for Academic Affairs shall identify the specific problems and will, with the aid of the respective Program Coordinator and Clinical Supervisor identify specific remedial steps to be completed before another assignment can be made. These specific remedial steps shall be filed with the Director of SPACE with copies forwarded to the Program Director and Department Chair.

_____ Terminal: In the exercise of their professional judgment and discretion, the Director of SPACE, the respective Program Coordinator, the respective Department Chair, and the Clinical Supervisor, may decide to terminate the teacher candidate's placement with no provision for further placement. This determination would require a meeting in front of the Retention Committee. The Department Chair and the Director of SPACE shall notify the Dean of the College of Education of the decision to terminate the teacher candidate's placement.

COMMENTS:

 Teacher Candidate Signature Date SPACE Director Date Dept. Chair/Assoc. Dean Date

Appendix 3: Guidelines During Clinical Practice

Following are guidelines for clinical interns to follow during clinical practice:

- Familiarize oneself with the school and school district, including but not limited to, teaching and assessment philosophies, structure, materials, administration, and neighborhood.
- Clinical interns are required to demonstrate professional dispositions and demeanor, and dress professionally at all times.
- Sign in and out of the building in the school office each day at the time of arrival and departure. If the school does not require this of teachers, you may use the school's Visitor's Book for this purpose. In the event of a question about attendance, written documentation will prevail over the clinical intern's "word."
- Maintain professional interactions with staff and students at all times. Be pleasant and courteous to everyone in the school building.
- Clarify how each individual wishes to be addressed. Use titles to address all employees and family members (Dr., Ms., Mrs., Mr., Rev., etc.) unless receiving permission to use a first name.
- Report on time every day and remain in the school building for the full day, following the teacher's work schedule not the students' attendance schedule, which includes participation in all meetings, professional development days, and other professional responsibilities the cooperating teacher fulfills during the normal workday.
- Recognize that you are an apprentice assigned to learn from a cooperating teacher who has demonstrated success in the profession. As such, the cooperating teacher has the final determination about the content and methodology used within the classroom.
- Engage in professional dialogue and discourse to learn the rationale behind a cooperating teacher's decisions and actions to help you grow and develop as a reflective professional.
- Be receptive to suggestions and constructive feedback from the cooperating teacher and clinical supervisor.
- Prepare written lesson plans ahead of time and present them to your cooperating teacher in advance, even though your cooperating teacher or administrator may not require such lesson planning. You are a student who is learning and must demonstrate that you are giving thought to all dimensions of teaching, learning, and assessment.
- Have all lesson plans approved by the cooperating teacher for content and methodology before implementing them, and in sufficient time for you to make changes (and be reviewed again) should they be required by the cooperating teacher.
- Maintain confidentiality with respect to information given by parents and families, faculty, administrators, or supervisors. This includes information derived from student performance, pupil data records, personnel records, or faculty meetings.
- If you are ill and cannot attend school, notify your cooperating teacher, school office, SPACE and clinical supervisor (if scheduled to observe you) of your absence prior to the start of the school day. If you are ill, please make arrangements to get your lesson plans to your cooperating teacher prior to the start of the school day (for example, send as an email attachment to the cooperating teacher, have someone else drop your lesson plans off at the school, etc.).
- Teach the curricula approved by the school and the district where placed. The cooperating teacher(s), in conjunction with the clinical intern will determine the programs or units to be taught by the clinical intern.
- Apply the principles of effective teaching of lessons by practicing and observing effective classroom management.

- Maintain ethical conduct in all relations with the staff, student body, parents and guardians, the administration, and other teacher candidates.
- Do not develop personal relationships including, but not limited to, dating employees, parents and/or relatives of students in the school, and particularly your cooperating teacher. As any professional in the school may influence the evaluation, this could create a potential conflict of interest.
- Do not add any students to your social networks such as Facebook, Instagram or other social networks *for any reason as they are minors*. Similarly, do not accept invitations from students (whether in your classes or not) who request to add you to their accounts.
- Do not drive students to any location, including their home, in your car. Do not engage in any non-school activity with the students in your classroom and school.
- Do not email, text, or telephone a student for any reason as they are minors. Similarly, do not permit students to communicate with you via text messages, email, or telephone.
- Maintain communication with your clinical supervisor and seek guidance, clarity, and support, particularly in situations that cause you concern.
- Maintain continual communication with the cooperating teacher by setting regular weekly meetings to discuss concerns, plans, and lessons in progress.
- Adhere to all policies and procedures outlined in the Clinical Placement Handbook.
- Understand and follow the cooperating school's policies as applied to regularly employed staff:
 - Arrival and departure times
 - Reporting absences
 - Dress code
 - Parking
 - Use of teacher's lounge and/or workroom
 - School-wide discipline plan
 - Computer usage
 - Lesson plan deadlines
 - Rapport and interactions with students
 - In-service sessions
 - Faculty meetings
 - Parent/teacher conferences
- Become familiar with the cooperating school's policies and procedures regarding the following:
 - School media center
 - Health services
 - Guidance services
 - Co-curricular activities
 - Technology resources
 - Use of duplicating materials
 - Grading procedures
 - Emergency procedures
 - Fire, lockdown or tornado drill regulations
 - Student referral procedures
 - Rules of conduct in assemblies, on playgrounds, etc.

(Adapted from the Clinical and Student Teaching Handbook for Northeastern University.)

Appendix 4: Questions Clinical Interns Should Ask

Personal Concerns

- During our convocation on campus, we set goals for our clinical practice experience. Can we take some time to review my goals and identify the best ways to meet them this semester?
- I'd like to share my contact information and that of my clinical supervisor with you. Can you please provide me with the best contact information for you? What contact information would you like me to share with my clinical supervisor?
- Review the clinical placement handbook with your cooperating teacher and be sure they understand their role with regard to timesheets, evaluations and conferences with the teacher candidate and clinical supervisor. Do you have any questions or concerns regarding your responsibilities as a cooperating teacher?
- What is the dress code for teachers at the school? (The school dress code is to be integrated with the Kean dress code policy.)
- May we establish a scheduled, routine time when we can discuss my performance?

General School Information

- What are the resources that can be used by the teachers and class, such as audio-visual aids, maps, library, computers, photocopying?
- What other support teachers (nurses, counselors, therapists) are available? It is possible for me to have time to talk with and learn from them at some point during the semester?
- Are curriculum guides for teachers available in the school? If so, where are they kept? What other teaching resources are used in the classroom?
- What curriculum committees exist in the district? When do they meet?

Procedures and Policies

- What time do classes begin and end? What are the school hours?
- When are teachers expected to be here in the morning? How long after school has ended are teachers asked to remain in the building?
- May I have more information on general school policies?
- What is the school's procedure for a teacher absence? (This procedure is an addition to the set procedure communicated by SPACE.)
- Where can I access the district calendar?
- May I have a calendar of school activities?
- What extracurricular activities and meetings will I be able to attend?
- What extra duties/responsibilities will be available for me?
- Where is the school's policy manual and may I have access to it?
- Where is the school's emergency plan? (i.e., Lockdown, Safe School Plan, School Emergency Operations Plan, School Safety and Security Plan, Crisis Management Plan, etc.)

Classroom

- What does the cooperating teacher expect of me and what content/skills will I teach on what timeline? (Review the traditional week-by-week and co-teaching models with your cooperating teacher to develop a plan that works for both of you.)
- Are classes grouped/tracked by academic ability?
- What classroom management plan does the cooperating teacher have in place?
- What are the strengths and needs of the students in the classroom?
- What is the grading system used in the school?
- How are discipline problems handled?
- What are the major interests and activities of the students in the classroom?
- What special talents and resources can my cooperating teacher share with me?
- What opportunities are available to observe an IEP process?

(Modified from the College of St. Elizabeth's Clinical Placement Handbook.)

Appendix 5: Guide for Week-to-Week Activities in Clinical Practice 2

The following is intended to provide guidance to the structure and time over the course of the student teacher's semester. It, along with the checklists for Cooperating Teachers and Supervisors, provides an overview for the semester. Please contact the Office of at 908-737-3781 with any questions.

1st Week

- A teacher candidate gets to know students, familiarizes him/herself with classroom rules and routines, and assists the cooperating teacher with supporting student needs.

2nd Week

- The cooperating teacher, teacher candidate, and clinical supervisor meet to establish goals for the semester. The goals address short-term objectives as well as long-range development. This plan will guide the triad for the remainder of the semester. If unexpected issues arise, the plan can and should expand to actively address those issues.
- The teacher candidate takes over one subject or class to plan and teach. The first observation takes place using the Observation & Conference Report (OCR). This same evaluation tool is used by the clinical supervisor for observations 1-3 and 5-7. The cooperating teacher does not complete this evaluation.

3rd – 7th Weeks

- The teacher candidate continues to take on teaching and planning for additional subjects or classes. They attend meetings, in-service workshops, and assist in activities associated with the daily work of teachers. Generally, the student teacher assumes the role of lead teacher for an additional period each week.
- The objectives and goals outlined in the plan are addressed through daily teaching, routines and observations. The cooperating teacher and university supervisor provide regular, constructive feedback before and after observations.
- If serious issues arise, a Special Case Form is filed by the cooperating teacher and/or clinical supervisor with the Office of Student Placement & Clinical Experiences. A link to this form is available under the Forms tab on this website's main page.

8th - 14th Weeks

- The teacher candidate, by the start of the eighth week, should be planning and teaching all subjects or at least four classes. If there are additional adults in the room, the teacher candidate plans for activities of the support staff as well as for the students. The mid-term evaluation, completed using the Clinical Competency Inventory, or CCI, is completed by the cooperating teacher and university supervisor at the fourth observation.
- The teacher candidate attends meetings, in-service workshops, key school events and assists in activities associated with the daily work of teachers.
- The objectives and goals outlined in the plan are addressed through daily teaching, routines, and observations. The cooperating teacher and university supervisor provide regular, constructive feedback before and after scheduled observations. By the end of this period, the final evaluation (CCI) is completed by both the cooperating teacher and the university supervisor at the eighth observation.

15th week

- The teacher candidate steps back into a supporting role so that the students can adjust to the transition back to the cooperating teacher. The teacher candidate continues to actively help the teacher and students in this supporting role.

Appendix 6: Co-Teaching Models for Clinical Practice

The following two pages provide some information and ideas on models for co-teaching. Clinical interns and cooperating teachers are *not* required nor restricted to implementing the following co-teaching models in the classroom.

Models of Co-Teaching:

Small Group	Whole Group
Station Teaching	One Teach, One Observe
Parallel Teaching	Synchronous Team Teaching/Teaming
Alternative Teaching	One Teach, One Assist

Co-Teaching Approaches: (as posted on Dr. Marilyn Friend's website at <http://marilynfriend.com/approaches.htm>)

One Teach, One Observe. One of the advantages in co-teaching is that more detailed observation of students engaged in the learning process can occur. With this approach, for example, co-teachers can decide in advance what types of specific observational information to gather during instruction and can agree on a system for gathering the data. Afterward, the teachers should analyze the information together. The teachers should take turns teaching and gathering data, rather than assuming that the special educator is the only person who should observe.

Station Teaching. In this co-teaching approach, teachers divide content and students. Each teacher then teaches the content to one group and subsequently repeats the instruction for the other group. If appropriate, a third "station" could give students an opportunity to work independently. As co-teachers become comfortable with their partnership, they may add groups or otherwise create variations of this model.

Parallel Teaching. On occasion, students' learning would be greatly facilitated if they just had more supervision by the teacher or more opportunity to respond. In parallel teaching, the teachers are both teaching the same information, but they do so to a divided class group. Parallel also may be used to vary learning experiences, for example, by providing manipulatives to one group but not the other or by having the groups read about the same topic but at different levels of difficulty.

Alternative Teaching: In most class groups, occasions arise in which several students need specialized attention. In alternative teaching, one teacher takes responsibility for the large group while the other works with a smaller group. These smaller groups could be used for remediation, pre-teaching, to help students who have been absent catch up on key instruction, assessment, and so on.

Teaming: In teaming, both teachers share delivery of the same instruction to a whole student group. Some teachers refer to this as having "one brain in two bodies." Others call it "tag team teaching." Most co-teachers consider this approach the most complex but satisfying way to co-teach, but it is the approach that is most dependent on teachers' styles.

One Teach, One Assist. In a final approach to co-teaching, one person would keep primary responsibility for teaching while the other professional circulated through the room providing unobtrusive assistance to students as needed. This should be the least often employed co-teaching approach.

Appendix 7: Suggested Co-Teaching Timeline

In the beginning: One Teach, One Observe is natural – the clinical intern observes the cooperating teacher. As the clinical intern begins delivering individual lessons, the cooperating teacher observes the intern and offers constructive criticism, guidance, and assistance for improvement. This model should be utilized on an ongoing basis. In addition, the One Teach, One Assist model is a good way for the intern to start becoming more familiar with the students and for the students to start becoming more accepting of the intern.

As the clinical intern is increasing responsibility: Station Teaching, Parallel Teaching, and Alternative Teaching are good methods to have the intern become more involved with the planning of more lessons, increase interactions with students, and have the students see the intern and the cooperating teacher as a team.

When the clinical intern has full responsibility of all instruction – Part 1: When the intern assumes full responsibility, for about a three-week period of time, it is important that the intern does all of the planning and instruction to experience the amount of work involved in having the full responsibility. The part of One Teach, One Observe where the cooperating teacher observes the student teacher and offers constructive criticism, guidance and assistance for improvement should continue.

When the clinical intern has full responsibility of all instruction – Part 2: After the intern has experienced “doing it all” for three weeks or so, the intern and cooperating teacher should attempt Synchronous Team Teaching/Teaming – where they appear to be “equal team members” and the quality of the instruction should utilize the strengths of the teachers in a cooperative, complementary way. Use of the Station Teaching, Parallel Teaching, and Alternative Teaching models would also be appropriate.

When the clinical intern is returning the responsibility back to the cooperating teacher: Any or all models would be appropriate.

(Model for Suggested Co-Teaching Timeline adapted from a presentation of co-teaching at the 2010 annual PDS National Conference, by Bernard Badiali (Penn State), and Jodi Kamin and Nicole Titus (State College Area School District) and materials provided by the College of St. Elizabeth’s.)

Appendix 8: Role of the Cooperating Teacher

The success of a teacher candidate's clinical placement depends on the development of an interactive, professional relationship between the teacher candidate and their cooperating teacher. The cooperating teacher is in a position to show the teacher candidate the satisfaction that successful teaching can bring and the responsibilities he or she must assume.

In a **pre-clinical internship**, the cooperating teacher is asked to fulfill the following:

1. Discuss with the pre-clinical intern their goals, expectations and requirements for the placement.
2. Share appropriate contact information with the pre-clinical intern and ask for their contact information along with that of the clinical supervisor.
3. Orient the pre-clinical intern to the school, including, but not limited to personnel, facilities, available equipment and supplies, scheduling, school procedures, special events and assemblies, duty assignments, etc. The intern should be made to feel a part of the community in which he or she will teach. Inclusion in all grade-level, district, and special education meetings, as well as parent conferencing is vital.
4. Provide models for successful classroom management.
5. Guide the clinical intern in lesson planning, implementation, and assessment.
6. Assist the pre-clinical intern in learning about the special needs of their students and the services provided by the school for these students.
7. Model highly effective teaching while allowing the pre-clinical intern to assume the responsibilities for which he or she is prepared and required to complete for course requirements. Direct the pre-clinical intern to curriculum guides, materials, and supplemental aids related to the subject matters taught and observed.
8. Acquaint the pre-clinical intern with the mechanics of classroom routines – including how and why the routines were established.
9. Monitor the pre-clinical intern's progress in developing necessary teacher competencies and provide constructive criticism, guidance, and support. (Please be mindful that the pre-clinical intern is a novice and may be in a classroom for the very first time as a pre-professional.)
10. Approve, if required, the pre-clinical intern's timesheets.
11. Complete, if applicable, any required evaluations of the intern.

During **clinical practice**, the cooperating teacher is asked to fulfill the following:

Responsibilities of the Cooperating Teacher during the First Week or Two

1. Discuss with the clinical intern their goals, expectations and requirements for clinical practice. Be sure to cover the clinical intern's personal goals and expectations as well as any associated with the senior seminar and edTPA.
2. Share appropriate contact information with the clinical intern and ask for their contact information along with that of the clinical supervisor.
3. Develop a list of overall expectations of the clinical intern for the semester. Determine a plan and schedule for transitioning the classroom from the cooperating teacher to the clinical intern. (Use **Appendix 15**, the Guide for week-to-week activities and **Appendix 16**, Co-teaching Models for Clinical Practice as a starting point for the conversation.)
4. With the clinical intern, establish a schedule to discuss lessons, classroom management, progress, or assessment.
5. Discuss the community the school serves and parental involvement in school affairs with the clinical intern.
6. Help the clinical intern become acquainted with the individual students, especially those with special needs.
7. Orient the clinical intern to the classroom schedule, daily routines, and procedures.
8. Discuss expected clinical intern arrival/departure and phoning in notice of personal illness.

9. Discuss the curriculum content and materials with the clinical intern.
10. Provide the clinical intern with a desk/work area and a secure place for personal effects.
11. Provide the clinical intern with an assembled packet of school and classroom procedures and policies, including emergency procedures, harassment policies, and curriculum or Internet restrictions.
12. Explain the organizational structure of the school and/or department, available resources, and overall educational philosophy of the school.
13. Orient the clinical intern with the school facilities, equipment, materials, and any additional school responsibilities he or she may assume (e.g., lunchroom and playground duty, hall monitor during passing periods, etc.).
14. Explain the school and classroom's evaluation system and the teacher candidate's grading and record-keeping responsibilities.
15. Introduce the clinical intern to students, building staff, administration, and parents.
16. Discuss the personal philosophies of teaching and personal/professional backgrounds of the cooperating teacher and clinical intern.

Responsibilities of the Cooperating Teacher throughout Clinical Practice

1. Demonstrate effective teaching methods and discuss these methods with the clinical intern.
2. Accept the clinical intern as a co-worker and convey that acceptance to students and colleagues.
3. Help the clinical intern in the development of technical/management competencies and reflective teaching.
4. Help the clinical intern in the development of positive, effective classroom management skills.
5. Provide a supportive environment by assisting your clinical intern to meet and achieve success through a variety of positive teaching experiences.
6. Meet on a regular basis (both daily and weekly) to discuss the clinical intern's progress, concerns, lesson plans, etc.
7. Provide written and/or oral feedback on clinical intern's lesson preparation, materials, and performance on a regular basis using the evaluation tools.
8. Guide and support the clinical intern in developing their own personal teaching style.
9. Attend pre-observation and post-observation conferences if possible, with the clinical intern and clinical supervisor.
10. Work with the clinical supervisor and the Office of Student Placement & Clinical Experiences (SPACE) to assist and support the student teacher.
11. Provide the clinical intern with experiences in as many of the following areas as possible:
 - Student conferences
 - Parent conferences
 - Co-curricular activities
 - School reports and records
 - Departmental and faculty meetings
 - Workshops and in-services
12. Provide opportunities for the clinical intern to develop as a professional and teacher.
13. Approve the clinical intern's timesheet.
14. Complete the evaluation of the clinical supervisor assigned to your clinical intern.

(Adapted from the Clinical Placement Handbooks from College of St. Elizabeth's and Northeastern University.)

Appendix 9: Cooperating Teacher Evaluation of Clinical Supervisor in Clinical Practice

Following is an example of the evaluation instrument of clinical supervisors, which cooperating teachers of a clinical intern are required to complete. Cooperating teachers of clinical interns in the full-year of clinical practice, have between 8 and 10 interactions with the clinical supervisor upon which to base the evaluation.

Supervisor Name:

Your school:

Clinical Intern:

First Name

Last Name

Please use the following ratings and check the appropriate column:

0- Strongly Disagree 1- Disagree 2- Agree 3-Strongly Agree

	0	1	2	3
1. The supervisor made me aware of the university's expectations for my role as a cooperating teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The supervisor was respectful to the students in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The supervisor sought my input regarding the performance of the teacher candidate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The supervisor met with the teacher candidate, regularly, before and/or each observation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The supervisor provided constructive feedback to the teacher candidate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The supervisor represented the university preparation program in a professional manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The supervisor was considerate of the teacher candidate's time and the classroom schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Appendix 10: Role of the Clinical Supervisor

During **clinical practice**, the clinical supervisor is asked to fulfill the following:

1. Arrange convenient times for announced observations at the school.
2. Inform the school office of your arrival and departure from the building.
3. Observe the clinical intern for the required number of visits during the semester. During clinical practice 1, there are three observations and during clinical practice 2 there are seven observations. Each visit is to include a pre-observation dialogue, the observation and a post-observation conference.
4. The clinical supervisor will complete the OCR or CCI evaluation within 72 hours of the intern observation and ensure the teacher candidate and cooperating teacher have a copy of the evaluation.
5. Develop a professional rapport with the clinical intern and learn about their goals, strengths and interests.
6. Help the teacher candidate in the development of technical/management competencies and reflective teaching.
7. Offer support to the clinical intern in practical and theoretical work by considering short- and long-term professional needs.
8. Be supportive of the cooperating teacher's efforts, and be readily available to teacher candidates and cooperating teachers for discussion of the clinical experience.
9. Immediately inform the Director of SPACE when any problems arise during the clinical intern practice. Complete a Special Case Form with input from the cooperating teacher, if determined to be necessary.
10. Conduct triad mid-term and final conferences with the teacher candidate and cooperating teacher(s).
11. Provide fair letters of recommendation for the teacher candidate upon request.
12. Be a positive, guiding force by contributing teaching insights and educational expertise in helping the clinical intern to develop professionally.
13. Assist the cooperating teacher and teacher candidate with questions regarding the evaluation process.
14. Offer the clinical intern guidance and help him/her problem solve as needed.
15. Complete all required clinical experience evaluation forms by their respective deadlines.
16. Attend all required clinical supervisor meetings, in-services and convocation events.
17. Submit travel expense reports as required by SPACE.

Appendix 11: Clinical Supervisor Evaluation of Cooperating Teacher in Clinical Practice

Following is an example of the evaluation instrument of cooperating teachers, which clinical supervisors of a clinical intern are required to complete. Clinical supervisors of clinical interns in the full-year of clinical practice, have between 8 and 10 interactions with the cooperating teacher upon which to base the evaluation.

Cooperating Teacher:

First Name

Last Name

School:

Clinical Intern:

First Name

Last Name

Please use the following ratings and check the appropriate column:

0- Strongly Disagree 1-Disagree 2- Agree 3-Strongly Agree

	0	1	2	3
1. The cooperating teacher made me aware of their philosophy regarding mentoring a teacher candidate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The cooperating teacher was respectful and considerate of the teacher candidate in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The cooperating teacher sought my input regarding the performance of the teacher candidate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The cooperating teacher represented the profession of teaching in a professional manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Appendix 12: Initial Visit Checklist for Supervisors

Initial Visit Checklist for Supervisors

The Initial Visit Checklist should be completed by the supervisor with the student and cooperating teacher during the first week of the placement. This is to ensure the requirements and expectations for each person are clearly communicated providing for the best learning environment for interns, cooperating teachers, clinical supervisors and the PK-12 students in the classrooms. This form is an example of the electronic version that is to be completed in Anthology/Chalk & Wire by the clinical supervisor on the date of the initial visit.

Date of Initial Visit & Date Checklist Completed:

○	Clinical supervisor has introduced themselves to appropriate building administrator(s).
○	Clinical supervisor, cooperating teacher and intern have exchanged contact information such as telephone numbers, email addresses, etc.
○	Clinical intern and cooperating teacher have identified a workspace for the intern in the classroom.
○	Cooperating teacher and intern have established a regular weekly conference time for planning, evaluating and feedback and the importance of collaborating and shared communication between the clinical intern and the cooperating teacher has been emphasized.
○	Clinical intern has been introduced to key school personnel (administration, grade level teachers, secretary, nurse, etc.) or the cooperating teacher takes responsibility for ensuring the introductions take place within the next week.
○	Clinical intern has been informed of and provided with emergency procedures for the school. Intern knows where to access and/or who to communicate with regarding school policies such as: Student Attendance, Bullying (HIB), Violence and Substance, Child Abuse, Curriculum Standards and other relevant policies and procedures.
○	All parties have been directed to the Office of Student Placement & Clinical Experiences website for access to calendar, assessment instruments and information. https://sites.google.com/kean.edu/coeplacementoffice
○	The semester calendar has been reviewed with the intern and cooperating teacher and all dates and responsibilities for requirements/assessments have been communicated.
○	The minimum hour requirements (175 for Clinical Practice 1 and 450 for Clinical Practice 2) per N.J.A.C. 6A:9A-4.4 have been reviewed. The expectation that these are the MINIMUM hour requirements, however, interns are also required to remain in placement for the duration of the semester has also been reviewed and discussed.
○	For Clinical Practice 1, the intern, cooperating teacher and supervisor have identified the two days each week the intern will be in the classroom. It is clear that any of those days missed, are days to be made up in the classroom.
○	Lesson plan template, rubric, timelines, and process have been reviewed.
○	The Lesson Plan Overview document has been reviewed and all parties are aware the intern is to seek the guidance and feedback from their cooperating teacher on EACH lesson plan PRIOR to submitting the lesson plan to their supervisor.

○	The performance-based assessments (Observation & Conference Report, Clinical Competency Inventory and Dispositions Instrument) have been reviewed. Cooperating teacher is aware of OCR and CCI presentations and assessment on website for completion prior to use of the instruments.
○	All parties are aware that each observation is to be followed by a post-observation conference for feedback. When possible, this conference includes all three parties (intern, CT and supervisor). If not possible, the supervisor will coordinate another time to gather feedback from the CT overall and, specifically, regarding the observed lesson.
○	Cooperating teacher and intern are made aware of the possible use of Special Case Report for support or intervention after other attempts for support have been attempted.
○	The pace of progressive teaching integration has been reviewed based on models presented in the handbook including co-teaching model and standard progressive rollout. A timeline and model for progressive teaching by the intern has been agreed to by all parties.
○	Intern is aware they are to follow the cooperating teacher's curriculum and time schedule regarding arrival, prep periods, departure, etc. The intern is to follow the school district's calendar, not the university's calendar. All are aware that if the intern must be absent, they must notify the cooperating teacher, the clinical supervisor and coepo@kean.edu.
○	All parties are aware of the weekly hour logs that are to be completed by the clinical intern.
○	Cooperating teacher is aware of the Honorarium and Professional Development Hours process and requirements. If needed, the W9 is completed and returned to the supervisor. The Honorarium form will be sent via Anthology later in the semester.
○	Access to Anthology/Chalk & Wire for the cooperating teacher has been confirmed, along with their correct email address. If email address is incorrect, the correct email address has been communicated to the Office of Student Placement & Clinical Experiences.
○	Cooperating teacher has completed the Cooperating Teacher Initial Visit Confirmation in Anthology/Chalk & Wire.
○	Intern has completed the Emergency Information/Policy Response Form in Anthology/Chalk & Wire.
○	Clinical supervisor, cooperating teacher and intern have reviewed all categories and guidelines provided in the Initial Visit Overview Guide.

Supervisor Initials:

Comments:

Appendix 13: Kean COE Lesson Plan Template



COE LESSON PLAN TEMPLATE

Central Focus	
Grade/s	
Content Area/Subject	
Lesson Plan #, Date and Title	
State/Content Specific Standards	
Learning Objectives (LOs)	
Assessments	
Instructional Resources	
Integration of Literacy Skills in Content Area	
Prerequisite Skill/Prior Knowledge	
Differentiation/Modification/ Accommodation	

LESSON PLAN IMPLEMENTATION

Instructional Strategies	This section will be subject specific.
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Appendix 14: Kean COE Lesson Plan Rubric

Kean University College of Education Lesson Plan Rubric

Use the following rubric to evaluate lesson plans submitted for review and feedback in any coursework or any clinical placement.

1. Central Focus: State what you expect students to learn in this lesson, the bigger purpose, and explain how this specific lesson connects and to your standards, objectives and to other lessons in the unit (or next lesson).				
Emergent: 1.0	Novice: 2.0	Proficient (target) 3.0	Advanced Proficient 4.0	Not Observed/ Applicable
The central focus of the lesson is unclear or not suitable for grade or academic level/developmentally not appropriate	The central focus of the lesson is somewhat clear (needs more development), is grade level or developmentally appropriate	The central focus of the lesson is clear and is grade level and developmentally appropriate.	The central focus of the lesson is well-developed, clear, including where it is situated within broader learning, linking that purpose to student interests.	n/a
2. State/Content Specific Standards: Be sure to include Standard Numbers etc. and write out the entire standard. https://www.nj.gov/education/standards/ . Think about Interdisciplinary instruction and the incorporation of standards from other content areas in your lesson planning.				
Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable
State/Content Specific Standards are not identified or have no relationship to the central focus or learning objectives	The selected State/Content standards do not align well with the central focus or the intended learning objectives of the lesson	The selected State/Content standards align with the central focus and the intended learning objectives of the lesson.	The multiple standards are selected that clearly align with the central focus and the intended learning objectives of the lesson that reflect developmentally appropriate scaffolding if needed	n/a

<p>3. Learning Objectives: What are they going to learn? How are they going to learn it? How are you going to know that they know it? Who is learning it? What exactly is being measured/taught? Use action verbs (Blooms Chart)/steer clear of words like understand/know</p>				
Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable
Objectives are not identified	Objectives are appropriately identified, but are not specific, observable, and/or measurable. Or Objectives do not align with the selected State/Content standards.	Objectives are appropriately identified and aligned with State/Content standards; objectives are specific, observable, and measurable	Objectives meet competent criteria, represent high expectations and are appropriate based on student learning style and performance levels within the classroom.	n/a
<p>4. Assessment: Likely to include more than one assessment strategy throughout the lesson: Formative - for the purpose of improving learning. Can be informal (not graded) or formal (graded). Summative - summary of learning. Usually always formal. Can take place at different times during a lesson (Checking for understanding).</p>				
Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable
Assessment is not included in the plan or is included but not aligned with the topic.	Any of the following are true: The assessment is not at the right grade level; does not reflect the objectives or grade level The assessment tool and/or evaluation instrument are not included	The assessments reflect the objectives and is appropriate to the topic and grade level. Formal assessment tools and evaluation instruments are both included	Assessments meet the competent criteria as well as reflect a variety of assessment methods and represent high expectations and rigor and important learning in the discipline based on the varying needs of the students.	n/a
<p>5. Instructional Resources: Should be included with the submission of your lesson plans each week Google slides/PowerPoint presentations/worksheets/homework/Pear Deck, links to YouTube videos, Brain Pop, Crash Course, answer keys, curriculum guide pages/teacher’s guide.</p>				

Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable
Materials and resources are not listed	Materials and resources are listed but are incomplete or not aligned with the lesson.	The list of materials includes all of the items needed by both students and teacher to successfully engage in the lesson.	Materials and resources meet competent criteria, are suitable to the instructional purposes and explicitly describe how they are designed to meet diverse learning needs and engage all learners.	n/a
<p>6. <u>Integration of Literacy Skills in Content Area:</u> Include ELA standards and skills within all content to address the specific ranges of Literacy: in reading, writing, speaking, listening and language. Evidence of teaching students to read, write and communicate effectively in a specific subject. How to use literacy skills to learn and understand the content of a particular subject. Examples of demonstrated skills: Increase reading comprehension, improve problem solving, and constructing meaning for the subject learn new vocabulary using context clues.</p>				
Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable
There is no literacy component present.	Literacy skills are not aligned with the subject being taught. Vocabulary is only mentioned	Literacy skills are incorporated into teaching the content of the subject/s. These may include identifiable vocabulary and structures that contribute to comprehension.	Meets competent criteria. Additionally, purposeful integration of literacy into content area instruction is evidenced throughout the use of Instructional Strategies and resources.	n/a
<p>7. <u>Prerequisite skills/Prior Knowledge:</u> What do/should your students already know in order for them to learn the objectives for this lesson? Is there a standard that your learners have already been introduced to which will align to or support this lesson and the standards you have listed above?</p>				
Emergent 1.0	Novice 2.0	Proficient 3.0 (target)	Advanced Proficient 4.0	Not Observed/ Applicable

<p>There is no mention of prior knowledge or prerequisite skills.</p>	<p>Prior knowledge or prerequisite skills are not aligned with the lesson objective.</p>	<p>Instructional strategies that scaffold learners' prior knowledge and prerequisite skills are evident in the Instructional Strategies.</p>	<p>Meets competent criteria. Additionally, incorporates strategies for self-reflective learning that enables each learner to address their current knowledge and to advance their learning.</p>	<p>n/a</p>
<p>8. <u>Differentiation/Modification/Accommodation:</u> Requires knowing your students and their diverse learning needs. Differentiation: objective stays the same; how student reaches it is different Modification: objective changes Accommodations: an environmental support (extra time, preferential seating, breaks)</p>				
<p>Emergent 1.0</p>	<p>Novice 2.0</p>	<p>Proficient 3.0 (target)</p>	<p>Advanced Proficient 4.0</p>	<p>Not Observed/ Applicable</p>
<p>There is no evidence of differentiation within the lesson.</p>	<p>Plans for accommodating learner differences are generic and not specifically aligned with the lesson.</p>	<p>Plans for accommodating learner differences are appropriate and specific for the lesson and for a variety of student needs.</p>	<p>Plans for accommodating learner differences meet competent criteria and are embedded throughout the wording of the Instructional Strategies as well as explicit in the assessment. The focus is clear and allow for different pathways and progression of activities.</p>	<p>n/a</p>
<p>9. <u>Instructional Strategies:</u> The duration of the lesson must be considered in the lesson plan implementation as each instructional strategy must be taught to the intended amount of time in order to meet the desired learner outcomes and actually teach the lesson to completion. This section will be subject specific but should include step by step specific and detailed descriptions: Anticipatory Set, Direct Instruction (I DO), Guided Practice (WE DO,) Independent Practice (YOU/THEY DO), and Closure (See Madeline Hunter PDF).</p>				
<p>Emergent 1.0</p>	<p>Novice 2.0</p>	<p>Proficient 3.0 (target)</p>	<p>Advanced Proficient 4.0</p>	<p>Not Observed/ Applicable</p>

<p>Instructional Strategies are vague and not specific for the lesson.</p>	<p>Instructional strategies align with the lesson focus but are not specific for the objective or the assessment. More details are needed for the instructional actions and strategies to be clearly followed.</p>	<p>Instructional strategies align with the lesson focus, the objective(s) and the assessment(s). Sufficient details are provided to make the instructional actions clear.</p>	<p>Instructional strategies align with the lesson focus, the objective(s) and the assessment(s). Sufficient details are provided to make the instructional actions clear. Instructional strategies are clearly differentiated to accommodate for learner differences involving student choice, adaptation, or creation of materials to enhance their learning.</p>	<p>n/a</p>
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Appendix 15: Observation & Conference Report (OCR)

Observation & Conference Report -- KEAN COE OCR 3.4

The purpose of the OCR evaluation instrument is to provide feedback to the clinical intern on an observed lesson. The Observation & Conference Report (OCR) is the evaluation instrument used by both the cooperating teacher and clinical supervisor throughout all placements during the teacher preparation program. It is closely aligned with the Clinical Competency Inventory (CCI) and will help guide the development of the clinical intern in Clinical Practice 2. The form should be introduced at the beginning of Clinical Practice I to guide the development of the teacher candidate and to provide feedback on the candidate’s strengths and areas of improvement.

This performance-based assessment instrument measures key competencies aligned to the 2014 New Jersey Professional Standards for Teachers, 2013 InTASC standards. This standards-based observational instrument specifies the defining set of competencies that preservice teachers should demonstrate before being recommended for certification in the State of New Jersey.

The clinical intern must be given a score (or marked as 'Not Observed') for each indicator. Please use the 'Additional Comments' section for each indicator to provide support and feedback for the clinical intern. Comments must be provided for any area marked as ‘not observed’. There are also opportunities at the end of the evaluation to document detailed strengths, areas of improvement and opportunities for reflection and growth.

Information on the Grade for Clinical Placement

The final grade for Clinical Experience 1, 2 and 3 and for Clinical Practice 1 will be determined by the eleven competency/indicator evaluation scores earned by the clinical intern. There is no OCR final grade for clinical interns in Clinical Practice 2.

Following is the information and scoring for Satisfactory or Unsatisfactory.

Satisfactory

The clinical intern score falls at or above the Passing score for their Clinical Practice I. Satisfactory scores for Clinical Practice I are as follows:

Clinical Practice 1 - 2.50 or higher

Unsatisfactory

The clinical intern score falls in the Unsatisfactory range for their Clinical Practice I. Unsatisfactory scores for Clinical Practice I are as follows:

Clinical Practice 1 - between 1.71 and 2.49

Learner Development					
	Emergent	Novice	Proficient	Advanced Proficient	Not Observed
The clinical intern: shall understand how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements	Exhibits difficulty in implementing learning experiences and/or interacting with learners	Implements learning experiences with limited competence that requires further guidance from either the cooperating teacher and/or supervisor. Needs more guidance on interacting with learners on a development level	Identifies and plans learning experiences based on students' developmental stages. Respectfully interacts with learners and is sensitive to their needs.	Designs and implements develop- mentally appropriate and challenging learning experiences. Interacts with learners with sensitivity to developmental stages, cultural, linguistic, social and academic differences.	

developmentally appropriate and challenging learning experiences.					
Learning Differences					
The clinical intern uses understanding of individual differences and di- verse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards.	Prepares and delivers instruction oriented towards the whole class.	Develops and delivers instruction to address the needs of learners on an inconsistent basis	Designs and delivers instruction based on the needs of each student. Modifications to lessons are made for students with 504s, IEPs, ELL and different learning styles.	Applies and adapts instruction that engages the learners in ways that complement their learning styles. Modifies instruction to reflect the diverse cultures and communities of learners.	
Learning Environment					
The clinical intern works with others (learners, families and colleagues) to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self-motivation.	Demonstrates limited class- room management techniques and interactions conducive to an effective classroom environment.	Begins to create an environment that encourages and supports all learners. Classroom management techniques and interactions are generally appropriate	Creates an environment that encourages and supports most learners. Demonstrates warmth, caring, and sensitivity. Implements classroom management techniques and facilitates interactions that are conducive to an effective learning environment.	Creates an environment that encourages and supports all learners. Consistently implements effective classroom management techniques and fosters interactions which maintain a respectful, polite, and culturally sensitive learning environment.	
Content Knowledge					
The clinical intern understands the central concepts, tools of inquiry, and structures of the discipline(s) they teach and create learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content.	Delivers instruction based on insufficient content knowledge, theory, and principles of discipline.	Delivers instruction based on superficial content knowledge, theory and principles of the discipline resulting in consistent learning of subject matter.	Delivers instruction based on content knowledge, theory, and principles of the discipline allowing meaningful learning and mastery of subject matter.	Delivers instruction that demonstrates depth and breadth of con- tent knowledge, theory, and principles of the discipline. Incorporates appropriate materials and consistently makes learning experiences meaningful and relevant which leads to mastery of subject matter.	
Application of Content					
	Emergent	Novice	Proficient	Advanced Proficient	Not Observed
The clinical intern understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity and collaborative problem solving related to authentic local and global	Asks factual questions and instruction does not include concept connections. Questions do not engage learners in critical thinking. Shows lack of understanding of the concepts needed in or- der to engage learners in	Asks recall and identification questions. Instruction includes some concept connections. Questions engage some learners in critical or divergent thinking. Shows an incomplete understanding of the	Asks application, analysis and synthesis questions. Instruction includes making connections to concepts and using a variety of perspectives to engage all learners in critical and divergent thinking. Shows a complete and correct understanding of the	Asks application, analysis, synthesis, and evaluation questions. Instruction includes making connections to concepts using many perspectives to engage all learners in critical and divergent thinking. Shows a thorough understanding of the concepts needed to engage	

issues	making connections to solve real world problems.	concepts needed in order to engage learners in making connections to solve real world problems.	concepts needed in order to engage learners in making connections to solve real world problems.	learners and extend learners' abilities to solve real world problems.	
Assessment					
The clinical intern understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher's and learner's decision making.	Uses one method or inappropriate methods of assessment that do not engage learners in the process. Assessment does not include feedback to students. There is no attempt to use data driven decision making.	Uses a few or the same methods of assessment and engages some learners in the process. Assessment includes minimal feedback to students. Some data is used to guide the students' and teacher's decision making	Uses multiple formative and summative assessments. Engages most learners in the assessment process. Assessment includes targeted feedback to students. Data is used to guide the students' and teacher's decision making.	Uses a variety of formative and summative assessments. Provides differentiated assessments to meet individual student needs. Assessment includes specific detail and feedback. Data includes multiple measures and is used to make decisions about the student's learning and to inform the teacher's instruction.	
Planning for Instruction					
The clinical intern plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context.	Plans instruction that does not meet the learning goals for students. Uses minimal knowledge of curriculum, pedagogy, or community context to plan instruction and may not take into consideration the knowledge of learners.	Plans instruction that meets the learning goals for some students. Uses some knowledge of curriculum, pedagogy, or community context to plan instruction and takes into consideration the knowledge of some of the learners to plan instruction.	Plans instruction that shows an understanding of the learning goals for all students. Uses knowledge of curriculum, pedagogy, community context, and learners to plan instruction.	Plans instruction that shows complete and correct understanding of rigorous learning goals for all students. Uses knowledge of curriculum, pedagogy, community context, and all learners to plan instruction.	
Instructional Strategies					
The clinical intern understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways.	Uses instructional strategies to present content. Strategies may not build learners' skills to make connections and apply knowledge.	Uses instructional strategies that encourage learners to develop content knowledge. Strategies begin to build learners' skills to make connections and apply knowledge.	Uses a variety of instructional strategies that encourage learners to develop an understanding of content. Strategies build the learners' skills to make connections and apply knowledge.	Uses rich and varied instructional strategies that encourage learners to develop a deep understanding of content. Strategies build and extend the learners' understanding of content to make multiple connections and apply knowledge.	
Professional Learning and Ethical Practice					
	Emergent	Novice	Proficient	Advanced Proficient	Not Observed
The clinical intern engages in ongoing professional learning and uses evidence to continually evaluate their practice, particularly the effects of their choices and actions on others (learners, families,	Clinical interns may participate in ongoing professional learning which may be demonstrated during the lesson. Clinical intern does not modify or adjust instruction based on feedback to meet learners' individual needs.	Clinical interns participate in ongoing professional learning which is sometimes demonstrated during the lesson. Teaching and learning remain basically the same without appropriate modifications to meet	Clinical interns participate in on-going professional learning which is demonstrated during the lesson. Uses evidence-based teaching strategies to teach students and reflects on his/her practice. Clinical intern modifies instruction based	Clinical interns participate in ongoing professional learning which is consistently demonstrated during the lesson. Clinical interns use evidence-based teaching strategies and reflection to improve their practice. Clinical interns modify instruction based on	

<p>other professionals, and the community), and adapts practice learners' individual needs.</p>		<p>learners' individual needs.</p>	<p>on feedback/results and plans</p>	<p>feedback/results and plans lessons that nurture metacognition skills in each learner.</p>	
<p>Leadership and Collaboration</p>					
<p>The clinical intern seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth and to advance the profession.</p>	<p>Provides no evidence of contributing to the school and or district. Communicates periodically with colleagues, parents, and other school professionals. Makes little or no attempt to participate in activities with parents and community. Makes no attempt to assume leadership roles within the school.</p>	<p>Provides some evidence of contributions to the school and district. Communicates periodically with colleagues, families, and other school professionals. Makes little or no attempt to participate in activities with parents/families and community. Makes minimal attempt to assume leadership roles within the school.</p>	<p>Provides evidence of contributing to the school and district. Collaborates with colleagues, parents, and other school professionals. Participates in activities with parents and community, professional in-service, and assumes leadership roles, as appropriate.</p>	<p>Provides evidence of many contributions to the school and district. Collaborates with colleagues, families, and other school professionals. Participates in activities with parents and community, professional in-service, and assumes leadership roles in various capacities, as appropriate. Seeks out opportunities to assume additional responsibilities in the school community or the profession.</p>	
<p>Professional Responsibility</p>					
<p>The clinical intern acts in accordance with legal and ethical responsibilities and uses integrity and equity to promote the success of all learners.</p>	<p>Professional interactions and practices do not always demonstrate integrity and equity towards all learners. May not consistently follow the school's policies, regulations or timelines.</p>	<p>Professional interactions and some practices may be characterized by equity, integrity, respect or confidentiality. Complies with the policies of the school, professional teaching standards and Code of Ethics to promote the success of learners.</p>	<p>Professional interactions and practices are characterized by fairness, equity, respect and confidentiality. Abides by the policies of the school, professional teaching standards and Code of Ethics to promote the success of all learners.</p>	<p>Professional interactions and practices are characterized by equity, integrity, respect and confidentiality. Models exemplary professional behavior by following the policies of the school and professional teaching standards. Applies the Code of Ethics to promote the success of all learners.</p>	

Appendix 16: Clinical Competency Inventory (CCI)

CLINICAL COMPETENCY INVENTORY – KEAN COE CCI V3.4

Instructions and Overview**Introduction**

This observational instrument has been designed to provide feedback on the progress of individual teaching candidates who are completing their clinical practice in their teacher preparation program. This performance-based assessment instrument measures key competencies aligned to the 2013 InTASC standards and the 610s and 612s for New Hampshire. This standards-based observational instrument specifies the defining set of competencies that pre-service teachers should demonstrate before being recommended for certification in the State of New Jersey.

Some competencies may not be observable and usually start with the phrase, “Provides evidence of.” It is expected that the candidate will bring evidence of these competencies to a conference. It is the teacher candidate’s responsibility to bring a professional portfolio and additional artifacts to the final assessment conference.

The form is to be used as a summative assessment at the completion of clinical practice, during the last observation. It is used in conjunction with the Observation & Conference Report (OCR), a more qualitative observational form, which is aligned with the CCI and focuses on the quality of the specific lesson being observed. The CCI is meant to be a cumulative assessment of competencies that the supervisor and cooperating teacher have observed throughout the clinical practice. The form should be introduced at the beginning of the clinical practice to guide the development of the teacher candidate and to provide feedback on the candidate’s strengths and areas of improvement.

The procedure for using the CCI is as follows:

- 1) At the first visit, the supervisor will review the OCR and the CCI with the cooperating teacher and intern.
- 2) At mid-term, the supervisor and cooperating teacher fill in the CCI independently. They will discuss what behaviors they observed, discuss each of the 11 standards and specify areas of strength and areas that need improvement.
- 3) The supervisor will hold a mid-point conference with the teacher candidate to go over the CCI. The cooperating teacher will join this conference to discuss mid-point assessment, when possible.
- 4) At the completion of the field placement, the supervisor and cooperating teacher fill in the CCI independently and enter the final assessment.
- 5) At the completion of the clinical practice, the teaching candidate will do a self-assessment and fill in the CCI.

Rating of the Form

The following rubric rating scale will be used to score each candidate with a required benchmark of 3.0 on the final for a candidate to be recommended for certification.

1: Emergent (Exhibits Difficulty) – Demonstrates few of the skills and behaviors required for competencies outlined in Advanced Proficient for a specific indicator on the CCI.

The teacher candidate exhibits difficulty in: 1) integrating content knowledge with application; 2) lesson planning and implementation of daily instruction; 3) organizational and classroom management skills; 4) using assessment to inform instruction; and 5) adapting instruction to meet the needs of all children.

2: Novice (Limited Competence) – Demonstrates some of the skills and behaviors and/or evidence required for the competencies outlined in Advanced Proficient for a specific indicator on the CCI.

The teacher candidate continues to need assistance in: 1) integrating content knowledge with application; 2) lesson planning and implementation of daily instruction; 3) organizational and classroom management skills; 4) using assessment to inform instruction; and 5) adapting instruction to meet the needs of all children.

3: Proficient (Basic Competence) – Consistently demonstrates most of the skills and behaviors and/or evidence required for the competencies outlined in Advanced Proficient for a specific indicator on the CCI.

The teacher candidate shows basic competence in: 1) integrating content knowledge with application; 2) lesson planning and implementation of daily instruction; 3) organizational and classroom management skills; 4) using assessment to inform instruction; and 5) adapting instruction to meet the needs of all children.

4: Advanced Proficient (Exemplary Practice) – Consistently demonstrates all the skills and behaviors and/or evidence required for each competency outlined in Advanced Proficient for a specific indicator on the CCI.

The teacher candidate shows exemplary practice in: 1) integrating content knowledge with application; 2) lesson planning and implementation of daily instruction; 3) organizational and classroom management skills; 4) using assessment to inform instruction; and 5) adapting instruction to meet the needs of all children.

Not Observed – This is only to be used on the first/midterm CCI. If you did not observe a specific indicator in the classroom, ***please obtain additional evidence from the clinical intern demonstrating competency in that area.*** If you have a question or reservation about an indicator, please insert a comment explaining your concerns.

Please note the 'Not Observed' indicator is ONLY used at the first/midterm CCI. The evaluator should indicate on the form which indicators were observed for the lesson and should write additional comments in the space provided. By the final observation, an evaluation level must be entered for each criteria and 'Not Observed' cannot be used. The teacher candidate can offer other evidence to show competency in categories that were not directly observed in their setting.

In order to pass clinical practice and be recommended for certification, a teacher candidate must score a 3.0 or higher on the CCI on the final observation during their second semester of student teaching. The purpose of the CCI is to pinpoint areas for improvement before the Final CCI.

When all indicators are scored on the CCI Final, a teacher candidate needs at least a 3.0 average to be recommended for certification.

Standard 1: Learner Development					
	[1.0] Emergent	[2.0] Novice	[3.0] Proficient	[4.0] Advanced Proficient	[n/a] Not Observed
<p>1.1 The clinical intern designs and implements lessons that are developmentally appropriate so that all learners can learn.</p>	<p>The clinical intern's lessons:</p> <p>Contain activities that are not at the appropriate developmental level for all learners (they are either too hard or too easy).</p> <p>Contain objectives that are not written correctly.</p> <p>Are not cognitively challenging.</p> <p>Are not aligned to standards</p>	<p>The clinical intern's lessons:</p> <p>Contain some objectives and activities that are at the appropriate developmental level for all learners (some are too hard or too easy).</p> <p>Contain objectives that are not written.</p> <p>Show some effort to differentiate instruction but needs improvement.</p> <p>Are loosely aligned to standards.</p>	<p>The clinical intern's lessons:</p> <p>Contain objectives and activities that are at the appropriate developmental level for all learners (neither too hard nor too easy).</p> <p>Address individual developmental differences in the instructional activities by differentiating instruction;</p> <p>Take into account learners' background knowledge, and builds on their personal, cultural, family and community assets, strengths and needs.</p> <p>Are cognitively challenging for all learners.</p> <p>Are aligned to standards.</p>	<p>The clinical intern's lessons:</p> <p>Contain objectives and activities that are at the appropriate developmental level for individual and groups of learners (neither too hard nor too easy).</p> <p>Accommodates individual developmental differences in the instructional activities by differentiating instruction.</p> <p>Take into account each learner's background knowledge, and builds on their personal, cultural, family and community assets, strengths and needs.</p> <p>Are cognitively challenging for all learners.</p> <p>Are directly aligned to standards.</p>	<p>This is only to be used on the mid-term CCI. If you did not observe a specific indicator in the classroom, please obtain additional evidence from the clinical intern demonstrating competency in that area. If you have a question or reservation about an indicator, please insert a comment explaining your concerns.</p>
<p>1.2 The clinical intern interacts with learners in an appropriate manner with sensitivity to developmental, cultural, linguistic and social differences.</p>	<p>The clinical intern interacts with learners in a manner that:</p> <p>Does not show sensitivity to cultural and academic differences of students.</p> <p>Does not show awareness of verbal and nonverbal messages being sent to students in the learning environment.</p>	<p>The clinical intern interacts with learners in a manner that:</p> <p>Uses academic conversation at times.</p> <p>Respects cultural differences of most learners.</p> <p>Tries to establish a supportive environment through verbal and non-verbal interactions but needs some feedback.</p>	<p>The clinical intern interacts with learners in a manner that:</p> <p>Encourages academic conversation and differentiates for linguistic and developmental differences in language development.</p> <p>Honors emotional, physical, social, and cultural differences of all learners.</p> <p>Respects all learners in the learning environment through verbal and nonverbal interactions.</p>	<p>The clinical intern interacts with learners in a manner that:</p> <p>Acknowledges developmental and cognitive differences of all learners in the learning environment through implementation of supportive discourse and accommodations.</p> <p>Encourages intentional academic conversation and differentiates for linguistic and developmental differences in language development.</p> <p>Honors the emotional, physical, social, and cultural differences of all learners.</p> <p>Respects all learners in the learning environment through verbal and nonverbal interactions.</p>	<p>If not observed, please briefly explain in the Comments.</p>

Standard 2: Learning Differences					
	[1.0] Emergent	[2.0] Novice	[3.0] Proficient	[4.0] Advanced Proficient	[n/a] Not Observed
<p>2.1 The clinical intern designs and implements instruction to ensure an inclusive learning environment where individual needs and differences are respected and met.</p>	<p>The clinical intern's lessons:</p> <p>Uses strategies that are not differentiating instruction at all.</p> <p>Are providing the same strategies for all students and not taking into account learning differences.</p>	<p>The clinical intern's lessons:</p> <p>Tend to use the same strategy for all students and is not differentiating instruction, except on rare occasions.</p> <p>Try to support a learning environment that allows all students to succeed but needs to include more individualized accommodations for learners.</p>	<p>The clinical intern's lessons include:</p> <p>Many activities that differentiate the delivery of instruction based on needs of learners.</p> <p>Assessments that accommodate the needs of all learners.</p> <p>Strategies that support a learning environment that allow all students to succeed.</p>	<p>The clinical intern's lessons include:</p> <p>Developmentally appropriate activities that accommodate individual differences of learners and allow them to succeed.</p> <p>Strategies that differentiate the delivery of instruction based on prior knowledge and experiences of all learners.</p> <p>Assessments that are differentiated to allow each learner to demonstrate their understanding of content</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>2.2 The clinical intern reflects upon their own personal biases and as a result thoughtfully includes diverse cultures, communities, and perspectives into the lesson.</p>	<p>The clinical intern engages in activities that:</p> <p>Are not sensitive to the diversity of students, families or the surrounding community.</p> <p>Are devoid of any multicultural content or perspective.</p>	<p>The clinical intern engages in activities that:</p> <p>Focuses on holidays and peripheral content related to students' cultural backgrounds.</p> <p>Incorporate students' cultural heritage.</p>	<p>The clinical intern reflects on their own personal biases and engages in meaningful lessons that:</p> <p>Reflect the diversity of students, their families, and their communities.</p> <p>Incorporate students' interests and cultural heritage.</p> <p>Illustrate and discuss content that addresses cultural issues relevant to students' identity.</p> <p>Establish an inclusive learning community with clear and explicit guidelines and expectations.</p>	<p>The clinical intern reflects on their own personal biases and engages in meaningful lessons that:</p> <p>Reflect the diversity of students, their families, and their communities; I</p> <p>Incorporate students' interests and cultural heritage.</p> <p>Analyze content that addresses cultural issues relevant to students' identity and provides opportunities for student engagement and exploration.</p> <p>Relate content from various perspectives to inform students that history and current events can be seen through multi-faceted lens.</p> <p>Foster an inclusive learning community with clear and explicit guidelines and shared expectations.</p> <p>Highlight the learners' cultural backgrounds to contribute to student learning.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>2.3 The clinical intern creates a learning community where individual language development needs and differences are respected and met (e.g., ELL, ASL, other).</p>	<p>The clinical intern: Engages learners in limited one-word responses most of the time. Does not provide any accommodations to learners' language proficiency. Struggles to provide academic support to the learners' language proficiency level.</p>	<p>The clinical intern: Engages in academic discussions that are at appropriate levels of the learners' language proficiency and involve more than one-word responses. Occasionally uses language strategies to support learners. Provides rudimentary support to learners in language development.</p>	<p>The clinical intern: Supports learners in language development. Provides learners with vocabulary reinforcement. Encourages learners to engage in academic discussions at levels consistent with learners' current language proficiency level; Uses language strategies to support learners.</p>	<p>The clinical intern: Supports learners through individualized and differentiated language development strategies. Provides learners with vocabulary reinforcement and modifications. Encourages learners to engage in authentic academic discussions at levels consistent with the learners' current language proficiency level; Uses varied and differentiated language strategies to support learners.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 3: Learning Environment</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient (Basic Competence)</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>3.1 The clinical intern demonstrates general warmth, caring and respect towards learners through verbal/nonverbal communication.</p>	<p>The clinical intern: Does not listen carefully to learners. Does not demonstrate a caring attitude.</p>	<p>The clinical intern: Listens carefully to learners. Responds respectfully. Responds neutrally in tone.</p>	<p>The clinical intern: Listens carefully to individual perspectives of learners. Responds respectfully to learners from all cultures and communities. Gives learners a chance to answer with adequate wait time; Shows a warmth and caring in tone and actions.</p>	<p>The clinical intern: Listens carefully to individual perspectives of learners. Responds respectfully to learners from all cultures and communities. Gives learners a chance to answer with adequate wait time. Shows warmth and caring in tone and actions. Fosters positive social interactions among all members of the learning community, including families.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>3.2 Through collaboration with students, colleagues, and families, the clinical intern uses a variety of effective management techniques in the learning environment.</p>	<p>The clinical intern: Struggles with management techniques and enforcing routines and guidelines.</p>	<p>The clinical intern manages the class by: Developing effective routines and guidelines. Engaging in positive and supportive student-teacher interactions.</p>	<p>The clinical intern manages the class by: Enforcing effective routines and guidelines. Engaging in positive and supportive student-teacher interactions and fostering student-student interactions. Creating a positive, low risk learning environment that promotes mutual respect among students</p>	<p>The clinical intern manages the class by: Collaboratively developing and enforcing effective routines and guidelines. Engaging in positive and supportive teacher-student interactions and fostering effective student-student interactions. Creating a positive, low risk learning environment that pro- motes mutual respect among students. Implementing smooth transitions. Effectively implementing a variety of groupings and activities that foster individual and collaborative learning. In consultation with the cooperating teacher, communicates, when appropriate and possible, with families for effective management of the learning environment.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>3.3 Learners are actively participating and engaged in the lesson.</p>	<p>Learners are not engaged in the lesson: Learners are distracted and not paying attention</p>	<p>Learners are not engaged in the lesson: Discussing. Participating. Raising their hands. Paying attention during the class activity.</p>	<p>Learners are engaged in the lesson by: Applying the content through hands-on activities. Discussing and actively participating. Displaying interest, enthusiasm, and self- motivation.</p>	<p>Learners are highly engaged in the lesson by: Applying the content through hands-on activities. Discussing and actively participating through further developing peers' responses. Displaying interest, enthusiasm, and self- motivation. Being actively engaged in independent and collaborative lesson activities that enrich the classroom community.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>3.4 Learners are engaged in positive peer relationships through instructional activities.</p>	<p>There is very little collaboration taking place in the lesson, which would enhance positive peer relationships.</p>	<p>Learners need to:</p> <p>Collaborate with peers more frequently.</p> <p>Actively discuss with peers.</p>	<p>Learners are:</p> <p>Collaborating with peers.</p> <p>Actively dis- cussing with peers.</p> <p>Coaching/mentoring a peer.</p> <p>Engaged in positive peer interactions.</p>	<p>Learners are:</p> <p>Collaborating with peers in cognitively challenging and relevant activities.</p> <p>Actively discussing with peers.</p> <p>Coaching/mentoring a peer.</p> <p>Consistently engaged in positive peer interactions.</p> <p>Positively supporting each other’s cognitive, cultural, developmental, emotional, linguistic, physical, and social differences.</p>	<p>If not observed, please briefly explain in the Comments.</p>
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Standard 4: Content Knowledge

	[1.0] Emergent	[2.0] Novice	[3.0] Proficient	[4.0] Advanced Proficient	[n/a] Not Observed
<p>4.1 The clinical intern designs and implements lessons that demonstrate knowledge and command of the subject matter.</p>	<p>The clinical intern:</p> <p>Does not demonstrate a command of the subject matter.</p> <p>Has not aligned the lesson with any standards.</p> <p>Does not provide meaningful context to help learners understand why it is necessary and important to learn the content.</p>	<p>The clinical intern:</p> <p>Uses teaching strategies that foster the understanding of key disciplinary concepts.</p> <p>Demonstrates a rudimentary command of the subject matter.</p> <p>Incorporates appropriate standard(s) in the lessons.</p>	<p>The clinical intern:</p> <p>Relates content to prior student knowledge.</p> <p>Uses effective explanations of key disciplinary concepts.</p> <p>Uses teaching strategies that foster the understanding of key disciplinary concepts.</p> <p>Demonstrates a deep and broad command of the subject matter.</p> <p>Incorporates the appropriate standard(s) in the lessons.</p> <p>Makes the content relevant to everyday life and experiences of the learner.</p>	<p>The clinical intern:</p> <p>Relates content to prior student knowledge.</p> <p>Uses effective explanations of key disciplinary concepts.</p> <p>Uses teaching strategies that foster the understanding of key disciplinary concepts that meet the needs of all learners.</p> <p>Demonstrates a deep and broad command of the subject matter; Incorporates the appropriate standard(s) in the lessons.</p> <p>Teaches the disciplinary vocabulary words associated with the content.</p> <p>Makes the content accessible and relevant to the experiences and prior knowledge and background of all learners.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>4.2 The clinical intern designs and implements lessons that allow learners to demonstrate development of critical thinking and problem solving within the content area.</p>	<p>Learners need to develop their development of critical thinking and problem-solving skills.</p> <p>Activities are very low level and do not push the learners to problem solve or think critically.</p>	<p>Learners need to develop further their critical thinking and problem-solving skills within the content area by clinical intern doing:</p> <p>More activities and strategies are needed to engage them in critical thinking and problem solving in the content area.</p> <p>Written and oral responses are too low level and need to encourage learners to think critically and solve problems.</p>	<p>Learners demonstrate the development of their critical thinking and problem-solving skills within the content area through:</p> <p>Responses to higher order thinking questions raised by the clinical intern.</p> <p>Activities and strategies that engage them in relevant and meaningful critical thinking and problem solving in the content area.</p> <p>Responses written and oral to critical thinking and problem-solving assignments</p>	<p>Learners demonstrate the development of their critical thinking and problem-solving skills within the content area through:</p> <p>Responses to higher order thinking questions raised by the clinical intern.</p> <p>Questions generated by the learners that demonstrate critical thinking skills.</p> <p>Activities and strategies that engage them in relevant and meaningful critical thinking and problem-solving activities that students can relate to their own background in the content area.</p> <p>Their ability to apply key concepts in the discipline to the learners' own experiences.</p> <p>Responses written and/or oral to critical thinking and problem-solving assignments.</p>	<p>If not observed, please briefly explain in the Comments</p>
<p>4.3 The clinical intern integrates reading, writing, speaking and listening.</p>	<p>The clinical intern: Does not use a variety of resources to teach literacy; Rarely emphasizes comprehension.</p> <p>Does not use age-appropriate literacy strategies.</p>	<p>The clinical intern:</p> <p>Tends to use limited resources to teach literacy; Tends not to stress comprehension.</p> <p>Needs to use more age-appropriate literacy strategies.</p> <p>Needs more text-based discussions and writing to reinforce literacy.</p>	<p>The clinical intern:</p> <p>Uses a variety of print sources to teach literacy; Stresses comprehension of text.</p> <p>Facilitates rich text-based discussions and/or writing.</p> <p>Uses age-appropriate literacy strategies to promote learners' literacy development.</p> <p>Focuses instruction equally on narrative and informational content.</p>	<p>The clinical intern:</p> <p>Uses resources from a variety of diverse perspectives to teach literacy in the content areas.</p> <p>Stresses comprehension of text through strategy instruction.</p> <p>Facilitates rich text-based discussions and/or writing through specific, thought-provoking questions about the content.</p> <p>Uses age-appropriate strategies that promote learners' literacy development in the content areas.</p> <p>Focuses instruction equally on narrative and informational text that relates to students' interests and background experiences.</p>	<p>If not observed, please briefly explain in the Comments.</p>

Standard 5: Application of Content					
	[1.0] Emergent	[2.0] Novice	[3.0] Proficient	[4.0] Advanced Proficient	[n/a] Not Observed
<p>5.1 The clinical intern implements learning experiences that allow learners to integrate knowledge from several content areas that reflect a diverse perspective within the curriculum.</p>	<p>The clinical intern: Focuses solely on one content area with no connection to other disciplines and does not provide any opportunity for learners to apply concepts and ideas.</p>	<p>The clinical intern's lessons: Tend to focus on one content area only with little connection to other disciplines. Have learners engaged in applying concepts and ideas from mainly one content area.</p>	<p>The clinical intern implements learning experiences that: Connect the content to concepts, issues and relevant ideas from other content area(s). Have learners actively engaged in applying concepts and ideas from at least one other content area.</p>	<p>The clinical intern implements learning experiences that: Are meaningful and connect the content to concepts, issues and relevant ideas from other content area(s). Actively engage learners in applying concepts and ideas from their own background to the topic being discussed or studied. Provide opportunities for learners to use interdisciplinary concepts to help solve problems.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>5.2 The clinical intern implements learning experiences that allow learners to apply content knowledge to solve real world problems through collaboration.</p>	<p>Learners are working exclusively from a single resource or answering lower-level questions. There is no group collaboration nor are learners solving real world problems.</p>	<p>Learners are working predominantly from a single resource and occasionally working collaboratively in a group. There are little evidence learners are trying to solve real world problems.</p>	<p>Learners are actively involved in: Exploring and/or researching different alternatives and perspectives to solving a problem. Working collaboratively in a group. Applying content knowledge to solving a problem.</p>	<p>Learners are actively involved in: Exploring and/or researching different alternatives and perspectives to solving a problem. Working collaboratively in a group. Applying content knowledge to solving a problem. Using critical thinking and creativity to generate new ideas and novel approaches to solving a problem.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>5.3 Learners use current resources that reflect diverse perspectives for content exploration, which includes technological applications.</p>	<p>Learners are only using a single resource to explore the content.</p> <p>There is little technology integration or use of varied resources if technology is not available</p>	<p>Learners are using a few different resources such as laptops and books for content research.</p>	<p>Learners are:</p> <p>Using a variety of diverse resources including technology to explore perspectives and content to help solve a problem.</p> <p>Engaged in discovering new resources available for the exploration of the content.</p> <p>Using current events and technological resources for content exploration.</p>	<p>Learners are:</p> <p>Using a wide variety of diverse resources including technology to explore different perspectives on the content being studied and to help solve a problem.</p> <p>Engaged in discovering and integrating new perspectives and knowledge in the exploration/research of the content.</p> <p>Using current events and technological applications for exploration and research of the content.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>5.4 Learners apply their content knowledge through a variety of forms such as oral, written, and/or technological presentations.</p>	<p>Learners apply their content knowledge through writing and quizzes or tests.</p> <p>There is little variety in terms of how they present their knowledge.</p>	<p>Learners predominantly apply their content knowledge through written reports, oral presentations and tests.</p> <p>More varied presentations with use of technology, if available, is recommended.</p>	<p>Learners apply their content knowledge by:</p> <p>Telling a story, recounting an experience or writing on a topic.</p> <p>Engaging in collaborative discussions; Presenting their ideas/research in a variety of ways.</p>	<p>Learners apply their content knowledge by:</p> <p>Telling a story, recounting an experience or reporting on a topic, with appropriate sequencing of ideas and using appropriate facts and details.</p> <p>Engaging in collaborative discussions.</p> <p>Presenting their ideas in a variety of ways including drawings, hands-on projects, multimedia presentations, and/or group presentations.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>5.5 Learners are engaged in literacy activities within content areas.</p>	<p>Learners are using their textbook only and using it as the primary source for learning the content.</p> <p>They are not being taught about how to comprehend informational text nor how to draw evidence from the text to support answers.</p>	<p>Learners are mostly reading the same textbook and a few supplemental resources.</p> <p>The learners are writing essays that are based on textbook readings and some outside sources.</p> <p>The learners are learning the vocabulary words from the textbook and writing essays about topics from the textbook</p>	<p>Learners are engaged in:</p> <p>Reading a variety of diverse informational texts.</p> <p>Comparing multiple sources of texts.</p> <p>Using comprehension to help make meaning. Writing about the content area.</p> <p>Learning vocabulary; Listening to others research and/or presentations.</p>	<p>Learners are engaged in:</p> <p>Reading a variety of diverse informational texts.</p> <p>Using comprehension strategies to help make meaning.</p> <p>Comparing concepts on the same theme and drawing conclusions.</p> <p>Writing about and/or discussing the content using evidence from the text to support ideas.</p> <p>Learning content vocabulary.</p> <p>Listening to others' research and/or presentations and commenting on it.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>5.6 Learners are engaged in inclusive and relevant activities that promote and value the development of quantitative reasoning within content areas.</p>	<p>Learners are engaged in quantitative reasoning in mathematics lessons only. There is not integration into any other content area.</p>	<p>Learners use quantitative reasoning occasionally to explore a content area, especially science. Little effort is made to have learners explore quantitative reasoning in other fields, such as</p>	<p>Learners are engaged in: Interpreting visual representations related to the content. Using concrete examples in mathematics to solve problems.</p>	<p>Learners are engaged in: Interpreting visual representations that are appropriate to the content. Using concrete examples and manipulatives to solve problems, when appropriate.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 6: Assessment</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>6.1 The clinical intern designs appropriate formative and summative assessments that are aligned with learning objectives.</p>	<p>The lesson plans contain: a very general method of assessment that tends to be predominantly quizzes and test.</p>	<p>The lesson plans contain: A general assessment to evaluate the students; General rubrics, which need: more specific criteria and alignment with the objectives/outcomes. A few formative assessments to monitor learners' progress</p>	<p>The lesson plans contain: An assessment to evaluate each objective. A rubric that is designed to measure objectives. A few formative assessments that monitor learners' progress. A benchmark for measuring achievement.</p>	<p>The lesson plans contain: A clear assessment strategy for how each objective will be evaluated. Rubrics and/or criteria that are designed specifically for each objective. Multiple formative assessments that are built into the lesson to monitor learners' progress and inform instruction. A measure or method of collecting data for each objective. A benchmark for measuring achievement for each objective.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>6.2 The clinical intern provides meaningful and specific feedback to learners to improve their learning.</p>	<p>The clinical intern provides minimal feedback to the students.</p>	<p>The clinical intern: Provides feedback to learners in a positive manner. Works with learners to help them understand their own performance.</p>	<p>The clinical intern: Uses assessment data to provide feedback to learners in a positive manner. Works with learners to help them understand their own performance. Provides feed- back to students on a continual basis.</p>	<p>The clinical intern: Uses assessment data to differentiate instruction based on students' needs. Uses assessment data to provide feedback to learners in a positive manner. Targets the feedback on specific objectives to help increase achievement. Works with learners to help them understand their own performance, and, if possible, establish their own learning goals. Provides continuous feedback to learners regarding their future learning goals.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 7: Planning for Instruction</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>7.1 The clinical intern selects a variety of appropriate instructional materials and resources to meet the needs of all learners.</p>	<p>The textbook is used as the only source of material</p>	<p>The instructional materials and resources used in the lessons rely predominantly on the textbook and a few supplemental sources of material. A variety of resources are not used and/or the re- sources do not meet the needs of all learners.</p>	<p>The instructional materials and resources used in the lessons: Are well chosen to meet the les- son objectives. Meet the needs of all learners including struggling readers and English language learners. Are a variety (print, video, technology, primary sources, manipulatives) other than just the textbook.</p>	<p>The instructional materials and resources used in the lessons: Are well chosen to meet the lesson objectives. Develop meaningful and deep learning of the content and foster a deep appreciation of different cultures. Meet the needs of all learners including struggling readers and English Language Learners. Are at appropriate developmental and reading levels to foster an interest in learning for all students. Are a variety (print, video, technology, primary sources, manipulatives) other than just the textbook.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>7.2 The clinical intern models and integrates technology using a variety of modalities into the lesson plan to promote effective learning for all learners.</p>	<p>There is little or no technology integration in the lessons.</p>	<p>Technology is predominantly clinical intern presentations and learners are not engaged in using the technology</p>	<p>Technology implementation: Promotes meaningful learning. Involves the learners who are engaged in using the technology. Provides interest and meaning to the learning activities. Attempts to use various modalities in teaching.</p>	<p>Technology implementation: Promotes meaningful and deep learning. Involves the learners who are engaged in using the technology. Is integral to the learning activities. Models and applies technology standards to improve learning. Provides interest and meaning to the learning activities. Designs authentic learning activities. Utilizes various modalities in teaching.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>7.3 The clinical intern designs and implements effective lessons that follow a carefully sequenced development of rigorous learning goals.</p>	<p>The lessons are not effectively organized and missing several components of a well-constructed lesson plan.</p>	<p>The lessons are not well organized and need a more carefully sequenced development. The lessons do not contain all the elements of a well-constructed lesson plan, missing one of the following: a solid introduction with a motivating hook, a procedure with meaningful learning activities, a good conclusion, and/or assessment of the objectives.</p>	<p>The lessons contain: Appropriately written objectives aligned to standards. A good introduction which may include a motivating hook and/or development of back- ground knowledge. A good procedure including engaging activities. A good conclusion that might include a summary and wrap- up of concepts; An assessment of what was learned.</p>	<p>The lessons contain: Clear and appropriately written objectives that are aligned to standards. A well-constructed introduction including a motivating hook and development of background knowledge. A solid procedure that engages the learner in meaningful and cognitively challenging activities. A solid conclusion where learners draw conclusions from the material and the clinical intern re- views key concepts; Multiple assessments of what was learned including the collection of data (quiz results, a rubric score, a checklist score).</p>	<p>If not observed, please briefly explain in the Comments</p>

<p>7.4 The clinical intern's unit has lessons that build on each other to support learning of the essential strategy with clear connections to skills.</p>	<p>The unit: Is not well sequenced. Needs more definite connection to skills and theory. Is not developmentally appropriate for the target audience</p>	<p>The unit: Is out of balance in terms of sequence and development of content, skills, and knowledge. Needs more definite connection to theory. Is developmentally appropriate for the target audience.</p>	<p>The unit: A somewhat organized and sequential development of content, skills and knowledge to support student learning. Connections to skills and theory. Is developmentally appropriate for the target audience. Addresses learners' prior knowledge.</p>	<p>The unit: Contains a clearly organized and sequential development of content, skills and knowledge to support student learning. Shows clear connections to developmental and pedagogical theory. Has clear connections to skills. Is developmentally appropriate for the target audience. Builds on learners' prior knowledge and prerequisite skills and knowledge.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 8: Instructional Strategies</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>8.1 The clinical intern uses effective questions to facilitate deep understanding of content (i.e., higher order thinking).</p>	<p>The clinical intern does not ask enough questions throughout the lesson and the questions that are posed are simple recall questions.</p>	<p>The clinical intern asks questions throughout the lessons that: Often are "yes" or "no" questions. Ask students about vocabulary words. Do not use correct academic language for the discipline.</p>	<p>The clinical intern models and uses a variety of questions throughout the lessons that: Challenge students cognitively (why, what if, and how questions). Advance high-level thinking and discourse. Ask students about vocabulary words. Use appropriate academic language for the discipline.</p>	<p>The clinical intern models and uses a variety of questions throughout the lessons that: Challenge students cognitively (why, what if, and how questions). Advance high-level thinking and complex discourse. Address how the text works (asks questions about text structure, author's purpose, writing style, theme, use of language, etc.). Ask students about vocabulary. Use appropriate academic language for the discipline.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>8.2 The clinical interns vary their role in the instructional process in relation to the content (e.g., instructor, facilitator, coach, and participant).</p>	<p>The clinical intern engages in direct instruction only without varying their role during the lesson</p>	<p>The clinical intern engages in only a few different teacher-student interactions, with the predominant role being direct instruction to the full class.</p>	<p>The clinical intern engages in a variety of instructional activities that require different teacher-student interactions, such as:</p> <p>Direct instruction to individual, small group, and/or full class.</p> <p>Facilitator and/or coach to small groups or individual learners.</p> <p>Being a participant during learner presentations.</p>	<p>The clinical intern engages in a variety of instructional activities that require different teacher- student interactions, such as:</p> <p>Direct instruction to individual, group, and/or full class.</p> <p>Facilitator and/or coach to small groups or individual learners.</p> <p>Modeling for demonstration of new skills/processes.</p> <p>Being a participant during learner presentations.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>8.3 The clinical intern models metacognitive processes to support comprehension of content for every learner.</p>	<p>The clinical intern does not model any strategy or skill before having the learners apply it.</p>	<p>The clinical intern occasionally models a strategy or skill and does a brief think aloud.</p>	<p>The clinical intern uses the following metacognitive strategies to develop deeper understanding of text/content:</p> <p>Models how to apply a specific strategy/skill before having students practice or apply it.</p> <p>Uses Think alouds to show his/her own thought processes when using the strategy/skill.</p>	<p>The clinical intern uses the following meta-cognitive strategies to develop deeper understanding of text/content:</p> <p>Models how to apply a specific strategy/skill before having students practice or apply it.</p> <p>Uses 'Think-Alouds' to show his/her own thought processes when using the strategy/skill.</p> <p>Asks learners to think about and explain the strategies they are using to understand text and/or content.</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>8.4 The clinical intern/learners use(s) instructional time effectively to achieve learning outcomes.</p>	<p>The clinical intern does not use allotted time effectively to implement an effective lesson and assess the learning outcomes.</p>	<p>The clinical intern uses allotted time to: Implement a lesson with an introduction, activities, and summary. Assess the learning outcomes.</p>	<p>The clinical intern uses allotted time to: Keep learners on-task. Minimize time for transitions. Engage learners in achieving learning outcomes. Implement an effective lesson with an introduction, activities, and summary. Assess the learning outcomes. Monitor and adjust lesson according to formative assessment and time constraints.</p>	<p>The clinical intern uses allotted time to: Keep learners on-task with cognitively challenging activities. Minimize time for transitions. Engage learners in achieving learning outcomes. Implement an effective lesson with clear and measurable objectives, an introduction, challenging activities, and summary. Assess the learning outcomes. Monitor and adjust lessons according to formative assessment, time constraints, and learners' needs.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 9: Professional Learning and Ethical Practice</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>9.1 The clinical intern provides evidence of reflection on improvement of professional practice in content area(s) and pedagogy.</p>	<p>The clinical intern does not provide a reflection on improvement of professional practice.</p>	<p>The clinical intern provides a brief reflection on: How the lesson can be improved. Changes to teacher practice that are superficially related to student learning needs. A few recommendations for future growth.</p>	<p>The clinical intern reflects on: How the lesson can be improved. Recommendations for future improvement related to standards. Changes to teacher practice that are related to student learning needs. Examples of how they considered learners' needs, interests, and skills.</p>	<p>The clinical intern reflects on: How the lesson can be improved. Specific recommendations for future improvement related to standards. Changes that address learners' collective learning needs related to the central focus of a unit using principles from research and/or theory. Examples of how they considered learners' needs, interests, and skills. How they can improve their own through professional development. Reflect on how their choices impact others (learners, families, other professionals and the community).</p>	<p>If not observed, please briefly explain in the Comments.</p>

<p>9.2 The clinical intern provides evidence of maintaining and analyzing accurate student records.</p>	<p>The clinical intern needs help in maintaining and analyzing accurate student records.</p>	<p>The clinical intern provides evidence of: A grade book with students' grades. Records that are somewhat organized, and current. Examples of instruments used for assessment</p>	<p>The clinical intern provides evidence of: Records with students' assessment scores. Analysis of data. District policies regarding record keeping. Records that are organized, current and accessible. Examples of instruments used for assessment.</p>	<p>The clinical intern provides evidence of: Records with students' assessment scores. Analysis of data. District policies regarding record keeping. Records that are organized, current and accessible. Examples of instruments used for assessment. Feedback provided to students and parents regarding student growth and achievement.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 10: Leadership and Collaboration</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>
<p>10.1 The clinical intern provides evidence of contributing to school and/or district by voluntarily offering assistance, and participating in school district events, projects, and extracurricular activities.</p>	<p>The clinical intern does not provide substantial evidence of contributing to the school or district by participating in events, projects, or activities</p>	<p>The clinical intern provides brief evidence of attending school meetings and participating in school events, projects or activities.</p>	<p>The clinical intern provides evidence of: Attending professional in-service training, school district meetings, conferences, and workshops. Participating in school activities such as plays, concerts, trips, sports, and celebrations. Attending school meetings such as PTA, faculty meetings, or conferences.</p>	<p>The clinical intern provides evidence of: Actively participating in professional in-service training, school district meetings, conferences, and workshops. Providing additional assistance to learners through tutoring before or after school. Participating in school activities such as plays, concerts, trips, sports, and celebrations. Attending school meetings such as PTA, faculty meetings, and/or parent-teacher conferences.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>Standard 11: Professional Responsibility</p>					
	<p>[1.0] Emergent</p>	<p>[2.0] Novice</p>	<p>[3.0] Proficient</p>	<p>[4.0] Advanced Proficient</p>	<p>[n/a] Not Observed</p>

<p>11.1 Fosters and maintains a learning environment which protects learners from sexually, physically, verbally, or emotionally harassing behavior by acting in a sound, reflective, sensitive, and professionally responsible manner.</p>	<p>The clinical intern did not foster and maintain a learning environment by acting in a professionally responsible manner.</p>	<p>The clinical intern needs to im- prove in one of the following:</p> <p>Following the school's professional code of conduct.</p> <p>Consistently adhering to school and district policies.</p> <p>Maintaining professional relationships with students and colleagues.</p> <p>Acting in compliance with school board policies for students and teachers.</p> <p>Always acting in a sound and professionally re- sponsible manner.</p>	<p>The clinical intern acts in a professionally responsible manner by:</p> <p>Following the school's professional code of conduct.</p> <p>Consistently adhering to school and district policies.</p> <p>Maintaining professional relationships with learners and colleagues.</p> <p>Acting in compliance with school board policies for learners and teachers.</p> <p>Showing respect for each learner as an individual and the class as a whole.</p>	<p>The clinical intern acts in a professionally responsible manner by:</p> <p>Following the school's professional code of conduct.</p> <p>Consistently adhering to school and district policies.</p> <p>Maintaining professional relationships with learners, colleagues, and families.</p> <p>Acting in compliance with school board policies for learners and teachers.</p> <p>Always acting in a sound and professionally responsible manner with learners, families, and community.</p> <p>Showing respect for each learner as an individual and the class as a whole.</p> <p>Attending appropriate professional development programs to further learn about current concerns within the schools and community.</p> <p>Taking responsibility for the learning of all learners.</p> <p>Advocating for learners.</p> <p>Deepening their own understanding of their own frame of reference and potential biases.</p>	<p>If not observed, please briefly explain in the Comments.</p>
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<p>11.2 The clinical intern exhibits appropriate personal and professional behaviors (e.g. appropriate dress, language and interaction with school personnel, peers and learners).</p>	<p>The clinical intern needs improvement in one or more of the following:</p> <p>Adhering to school professional code of conduct.</p> <p>Maintaining a calm demeanor even when under stress.</p> <p>Dressing professionally.</p> <p>Being reliable, punctual, and meeting deadlines.</p> <p>Communicating with colleagues in a professional manner.</p> <p>Implementing feedback and suggestions to improve practice.</p>	<p>The clinical intern usually:</p> <p>Adheres to school professional code of conduct.</p> <p>Maintains a calm demeanor most of the time.</p> <p>Dresses professionally.</p> <p>Is reliable, punctual, and meets most deadlines.</p> <p>Implements some of the feedback and suggestions to improve practice.</p>	<p>The clinical intern:</p> <p>Adheres to school professional code of conduct.</p> <p>Dresses professionally.</p> <p>Is reliable, punctual, and meets deadlines.</p> <p>Communicates with colleagues and supervisor in a professional manner.</p> <p>Implements most suggestions to improve practice.</p>	<p>The clinical intern:</p> <p>Adheres to school professional code of conduct.</p> <p>Maintains a calm and collected demeanor even when under stress.</p> <p>Dresses professionally.</p> <p>Is reliable, punctual, and meets deadlines.</p> <p>Communicates with colleagues and supervisor in a professional manner.</p> <p>Poses and listens to constructive suggestions to enhance the teaching and learning process.</p> <p>Implements feed- back and suggestions to improve practice.</p>	<p>If not observed, please briefly explain in the Comments.</p>
<p>11.3 The clinical intern demonstrates effective reading, writing, speaking, mathematics, and technology skills required of a professional.</p>	<p>The clinical intern needs to improve in one or more of the following: reading, writing, speaking mathematics, or technology skills</p>	<p>The clinical intern:</p> <p>Writes in communication that usually has some spelling and grammatical errors.</p> <p>Speaks using standard English but may have some language problems.</p> <p>Needs to use mathematics to analyze student achievement.</p> <p>Needs to make more effective use of technology.</p>	<p>The clinical intern:</p> <p>Writes in well- constructed communication that is mostly free of spelling and grammatical errors.</p> <p>Speaks clearly, using standard English.</p> <p>Uses mathematics to analyze student achievement and for other tasks.</p> <p>Makes use of technology when available, in planning and implementing lessons.</p>	<p>The clinical intern:</p> <p>Writes in clear, well- constructed communication that is free of spelling and grammatical errors.</p> <p>Writes in an effective manner that is a model of professionalism.</p> <p>Speaks clearly and articulately in a manner that is professional and intelligent.</p> <p>Uses mathematics effectively to analyze learner achievement and for other tasks.</p> <p>Makes effective use of technology in planning and in their teaching.</p>	<p>If not observed, please briefly explain in the Comments.</p>

Appendix 17: Disposition Evaluation Instrument**Kean University, College of Education
Dispositions Instrument**

This assessment is designed to provide feedback on Kean University College of Education teacher candidates in clinical placements. The assessment is to be completed by the Student, the Clinical Supervisor AND the Cooperating Teacher; when this instrument is used is determined by the level of clinical placement.

Please complete the entire assessment. The information from this assessment will be used for tracking our interns' preparedness. This assessment provides specific, pertinent and critical information regarding the teacher candidate's progress and performance in skills/attribute areas not generally measured by lesson observations. Following are the COE pillars and domains upon which this assessment is based. It is important to note that this instrument is one of several (lesson plan rubric, CCI, OCR, KEEP project, etc.) used to measure students' performance, knowledge and skills within the pillars and domains. This instrument and the dispositions could clearly all align within Domain 4. However, the intent was to distribute the dispositions across the five domains, as appropriate. This alignment is not intended to be inclusive of all the descriptors within the domains.

PILLARS

The three pillars (formerly conceptual cornerstones) represent the building blocks for which the College of Education structures our domains and establishes learning outcomes for our educator preparation programs.

- **Equity, Diversity, and Inclusion**
- **Future-Ready, Adaptable, and Life-Long Learners**
- **Holistic Teaching and Learning**

DOMAINS I-V

Domain 1: *Content Knowledge and Planning for Learning*

Domain 2: *Environments for Learning*

Domain 3: *Instructional Practices for Learning*

Domain 4: *Professional Disposition and Values for Learning*

Domain 5: *Network for Learning*

Intern Name:

Intern's Program of Study:

Completer Name:

Role of Completer:

Pre-Assessment, Midterm or Final:

Date of Completion:

<p>Domain 1: Content Knowledge and Planning for Learning</p>	<p>1. Oral Expression: Intern demonstrates appropriate oral communication skills with key constituents such as students, peers, cooperating teacher, clinical supervisor, school/district administration and parents, when applicable. Intern appropriately varies their tone, volume, and language to improve the clarity, accuracy and ease (fluency) of their message. Intern avoids verbal 'fillers' and distracting mannerisms</p>				
	<p>Emergent: 1.0 Observable behaviors may include: The intern:</p> <ul style="list-style-type: none"> avoids conversations with peers, professionals, families, and community members has oral and non-verbal gestures that are inappropriate for the educational setting or intended audience demonstrates poor command of proper grammar and use of language. 	<p>Novice: 2.0 Observable behaviors may include: The intern:</p> <ul style="list-style-type: none"> participates in conversations with peers, professionals, families, and community members with prompting has oral language errors that do not interrupt the meaning uses non-verbal communications that are not a distraction is inconsistent in modeling proper grammar and use of language in the classroom and in conversation. 	<p>Proficient (target) 3.0 Observable behaviors may include: The intern:</p> <ul style="list-style-type: none"> willingly participates in conversations with peers, professionals, families, and community members demonstrates an effort to communicate effectively uses non-verbal communication to convey meaning. Models proper grammar and use of language in the classroom and in conversations. 	<p>Advanced Proficient 4.0 Observable behaviors may include: The intern:</p> <ul style="list-style-type: none"> actively facilitates positive conversation with peers, professionals, families, and community members. adapts communication to the situation and uses their voice and gestures in an interesting, appropriate and meaningful way. uses non-verbal communication to convey meaning. models proper grammar and use of language in the classroom and in conversations follows up on communication to ensure clarity. 	<p>Not Observed/ Applicable</p>
	<p>2. Written Expression: Intern demonstrates strong and effective written communication skills that help build a shared understanding and partnership with others.</p>				
	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> fails to communicate accurately causing confusion and additional burdens on others uses a tone of communication that is inappropriate or informal 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> attempts to communicate effectively, but is inconsistent with correct grammar and punctuation attempts to communicate effectively but the meaning may not demonstrate an awareness of the audience or the situation. 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> can express themselves clearly, using language with precision, correct grammar and punctuation with the support of the cooperating teacher and/or supervisor demonstrates the ability to customize written messages based on the target audience (i.e. – students, families/guardians, colleagues, administration, etc.) with support 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> can express themselves clearly, using language with precision, correct grammar and punctuation to effectively deliver the intent of their message. proactively and independently demonstrates the ability to customize written messages based on the target audience (i.e. – students, families/guardians, colleagues, administration, etc.) 	<p>Not Observed/ Applicable</p>
	<p>3. Self-Initiative: Intern is a model for colleagues and students with respect to self-motivation and self-discipline.</p>				
Emergent: 1.0	Novice: 2.0	Proficient (target) 3.0	Advanced Proficient 4.0	Not Observed/	

	<p>The intern:</p> <ul style="list-style-type: none"> is not receptive to utilizing resources to support both their personal and professional growth and development. has not developed clearly articulated goals even with prompting. 	<p>The intern:</p> <ul style="list-style-type: none"> requires prompting and reminders to seek out resources to support both their personal and professional growth and development. develops goals with the support of professors, cooperating teacher and supervisor but has limited follow through on the plan to achieve the goals. 	<p>The intern:</p> <ul style="list-style-type: none"> is receptive to suggestions about appropriate and effective resources (people, books, digital, etc.) to support both their personal and professional growth and development. works collaboratively with professors, cooperating teacher and supervisor to clearly articulate short and long-term goals, as well as a plan to achieve those goals. 	<p>The intern:</p> <ul style="list-style-type: none"> seeks out appropriate and effective resources (people, books, digital, etc.) to support both their personal and professional growth and development. is proactive with goal setting and clearly articulates short and long-term goals, as well as a plan to achieve those goals 	Applicable
<p>Domain 2: Environments for Learning</p>	<p>4. Engagement: Intern is actively engaged and participating when not in the role as lead instructor in the classroom. The intern focuses on ways to enhance the classroom experience for themselves, the cooperating teacher and the PK-12 learners.</p>				
	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> routinely is working on unrelated tasks while the teacher is instructing or working in small groups 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> is inconsistent in supporting the classroom teacher; at times working on unrelated tasks while the teacher is instructing or working in small groups 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> engages in classroom instruction and support when prompted by the cooperating teacher is a positive support to the classroom teacher and readily adapts to situations or responsibilities when asked 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> consistently present and actively participates in the classroom activities and discussions is actively engaged in the classroom by grading papers, facilitating small group instruction, observing routines and behavior, taking notes, etc. seeks out students needing support without prompting 	Not Observed/ Applicable
	<p>5. Empathy/Emotional Maturity: The Intern demonstrates sound and reasonable judgment and demonstrates sensitivity when dealing with difficult issues and situations. The intern develops a plan to connect with students and build relationships.</p>				

	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> demonstrates limited understanding when dealing with sensitive issues related to students' needs rarely engages in planning effective conflict resolution strategies 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> is present and willing to provide support but serves more as an observer than leader is patient and professional but takes a support role in the process consistently asks for support to plan effective conflict resolution strategies 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> works with cooperating teacher to gain a better understanding of students' needs makes sound decisions on students' needs with guidance and support from cooperating teacher is patient and professional when interacting with others asks for support to plan effective conflict resolution strategies 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> takes steps to connect with students and build relationships that foster an understanding of students' needs. actively seeks out information on student's background that can support decision making and action plans uses tone and message that matches body language maintains control of emotions regardless of circumstances employs effective conflict resolution strategies 	<p>Not Observed/ Applicable</p>
<p>6. Equity/Diversity: The intern models and fosters respect for all cultures, identities and perspectives in words and actions and demonstrates concern for all learners. Planning and delivery of lessons reflect a clear understanding of diversity among students and the intern effectively integrates diverse cultures, identities and perspectives throughout lessons. The intern seeks to supplement the curriculum to be more inclusive.</p>					
	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> makes minimal attempt to address the diversity of the student population demonstrates limited appreciation for languages, communities and experiences that learners bring to the classroom 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> is aware of students' differences but consistently delivers instruction the same way for all learners. does not show evidence of culturally diverse and inclusive resources 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> attempts to adjust instruction of learners' strengths and differences but does not consistently plan for this uses learners' strengths and differences and reflects these needs through special activities Introduces resources which are culturally diverse and inclusive 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> actively facilitates an analysis of learners' strengths and differences and reflects these needs in weekly lesson planning consistently seeks out opportunities for cross-cultural enhancements to lessons Implements instructional strategies which model respect and inclusive thinking and discourse. 	<p>Not Observed/ Applicable</p>
<p>7. Response to Feedback: Intern willingly accepts feedback by being open and receptive in both tone and body language. The intern works collaboratively with others to improve practice.</p>					

Domain 3: Instructional Practices for Learning	Emergent: 1.0 The intern: <ul style="list-style-type: none"> rarely accepts feedback for suggestions to improve practice rarely applies feedback in subsequent lessons 	Novice: 2.0 The intern: <ul style="list-style-type: none"> sometimes accepts feedback for suggestions to improve practice inconsistently applies feedback in subsequent lessons 	Proficient (target) 3.0 The intern: <ul style="list-style-type: none"> positively accepts feedback for suggestions to improve practice applies feedback in subsequent lessons 	Advanced Proficient 4.0 The intern: <ul style="list-style-type: none"> seeks feedback toward professional growth asks appropriate individuals (cooperating teacher, clinical supervisor, administrator, etc.) for suggestions to improve practice. 	Not Observed/ Applicable	
	<p>8. <u>Desire to Improve/Openness to Learn:</u> Intern demonstrates a willingness to implement feedback for the purpose of improving the learning and learning environment for all. Intern adapts to changing environments and learners with a focus on meeting the needs of the students, not their own.</p>					
	Emergent: 1.0 The intern: <ul style="list-style-type: none"> disagrees or dismisses suggestions to improve practice rarely implements suggested strategies, skills and knowledge that can improve practice as an educator and lifelong learner. 	Novice: 2.0 The intern: <ul style="list-style-type: none"> inconsistently implements suggestions to improve practice inconsistently implements strategies, skills and knowledge that can improve practice as an educator and lifelong learner. 	Proficient (target) 3.0 The intern: <ul style="list-style-type: none"> engages with cooperating teacher and supervisor; listening carefully to suggestions and works through ideas to improve practice and shows some growth in making adjustments is receptive to strategies, skills and knowledge that can improve practice as an educator and lifelong learner. 	Advanced Proficient 4.0 The intern: <ul style="list-style-type: none"> analyzes and reflects on practices that impact student learning to inform planning and consistently makes adjustments in practice for all learners. actively seeks advice and seeks out strategies, skills, and knowledge to improve their practice 	Not Observed/ Applicable	
Domain 4: Professional	<p>9. <u>Work Ethic:</u> Intern is prepared with lessons planned and materials ready. Intern is organized in thought and planning. Interns manage their time effectively. Interns set goals for themselves and demonstrate effort toward achieving those goals. Intern takes pride in their work and completes tasks in a timely manner.</p>					

<p>Disposition and Values for Learning</p>	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> • does not complete requirements such as lesson planning, time logs and other requirements both in and out of the classroom even with prompting • has not implemented goals even with prompting. 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> • is inconsistent in completing requirements such as lesson planning, time logs and other requirements both in and out of the classroom and needs reminders on deadlines • implements goals with the support of professors, cooperating teacher and supervisor but has limited independent follow through on achieving the goals 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> • completes requirements such as lesson planning, time logs and other requirements both in and out of the classroom without prompting from others. • works collaboratively with professors, cooperating teacher and supervisor to clearly implement short and long-term goals. 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> • completes requirements such as lesson planning, time logs and other requirements both in and out of the classroom without prompting from others. • is proactive with goal setting and clearly implements short and long-term goals • reflects on and revises goals based on feedback, observation and/or data driven results 	<p>Not Observed/ Applicable</p>	
	<p>10. Punctuality/Dependability: The intern models behaviors that demonstrate they can be depended on by all parties to meet the expectations and responsibilities of a clinical intern.</p>					
	<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> • does not follow district and/or school guidelines for reporting absences. • does not adhere to Kean university attendance policies • is late and struggles to meet the required hours 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> • inconsistently follows the district and/or school guidelines for reporting absences. • Inconsistently adheres to the Kean University attendance policies. • is sometimes late and not always present for the required hours for teachers. 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> • follows the district and/or school guidelines for reporting absences. • adheres to the Kean University attendance policies. • is punctual and present for the required hours for teachers. 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> • follows the district and/or school guidelines for reporting absences. • adheres to the Kean University attendance policies. • is punctual and present for the required hours for teachers. • When appropriate or applicable, coordinates absences with cooperating teacher to maintain classroom continuity • Seeks opportunities either before and/or after scheduled hours to support the needs of the cooperating teacher and students 	<p>Not Observed/ Applicable</p>	
	<p>11. Maintains a professional appearance: Intern dresses appropriately for the setting and interactions in their classroom and school community. Intern dresses in a manner to model success. Intern meets standards of the school/district and Kean dress code policies.</p>					

	Emergent: 1.0 The intern: <ul style="list-style-type: none">dismisses reminders about appearance, attire and cleanlinessdoes not meet district dress code policy	Novice: 2.0 The intern: <ul style="list-style-type: none">needs two or more reminders regarding appearance, attire or cleanlinesson two or more occasions does not follow the district dress code policy	Proficient (target) 3.0 The intern: <ul style="list-style-type: none">demonstrates pride through appearance, attire and cleanlinessadheres to the district dress code policy	Advanced Proficient 4.0 The intern: <ul style="list-style-type: none">is a role model of professionalism through personal appearance, attire and cleanlinessexplicitly discusses and models the benefits of dressing for success with their students (concept of look better/feel better/ do better)	Not Observed/ Applicable
<p>Domain 5: Network for Learning</p>	<p>12. Collegiality: Intern demonstrates a willingness to collaborate with others. Intern shares resources and ideas appropriately. Intern is supportive of other professionals in the school/district. Intern follows all district policies and normative practices, and responds to these guidelines in appropriate ways.</p>				
	<p>Emergent: 1.0 The intern: <ul style="list-style-type: none">does not consistently respond to opportunities to work and interact with othersThe intern inconsistently attends professional conversations/meetings</p>	<p>Novice: 2.0 The intern: <ul style="list-style-type: none">is open to opportunities to work and interact with otherslistens in during professional conversations/meetings but inconsistently engages in dialogueinconsistently attends all professional meetings that occur within the cooperating teacher’s contractual day</p>	<p>Proficient (target) 3.0 The intern: <ul style="list-style-type: none">takes advantage of opportunities to work and interact with others when invitedcontributes to professional conversations/meetings when given the opportunityconsistently attends all professional meetings that occur within the cooperating teacher’s contractual day</p>	<p>Advanced Proficient 4.0 The intern: <ul style="list-style-type: none">actively seeks out opportunities to work and interact with othersleads positive and professional conversations/meetings when given the opportunityconsistently attends all professional meetings and implements their new knowledge and/or strategies for the benefit of the students in their classroom.</p>	<p>Not Observed/ Applicable</p>
	<p>13. Maintains professional interactions: Intern models behavior that builds community and respect in the classroom by developing appropriate relationships with the students, teachers, administrators and parents/guardians. Intern positively contributes to the classroom culture and the relationships with their cooperating teacher, clinical supervisor and peers.</p>				

<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> • does not set clear and consistent boundaries within the classroom to keep teacher-student relationships professional • does not model respectful language and discourse 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> • occasionally sets clear and consistent boundaries within the classroom to keep teacher-student relationships professional • inconsistently models respectful language and discourse • attempts to foster a supportive classroom environment • shows courtesy to some members of the school community 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> • sets clear and consistent boundaries within the classroom to keep teacher-student relationships professional • models respectful language and discourse • acts with integrity to foster a supportive classroom environment • shows courtesy to all members of the school community 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> • sets clear and consistent boundaries within the classroom to keep teacher-student relationships professional • creates an environment that supports positive and respectful peer to peer interactions in language and discourse • acts with integrity to foster a supportive classroom environment • shows courtesy to all members of the school community • develops and implements activities or projects that fosters parent community engagement 	<p>Not Observed/ Applicable</p>
<p>14. Maintains High Ethical and Professional Standards: Intern maintains professional boundaries with students and colleagues. Intern keeps inappropriate personal life issues out of the classroom. Intern responds promptly to communications. Intern interacts in a respectful, fair and honest manner with all constituents including students, teachers, administration and parents/guardians.</p>				
<p>Emergent: 1.0 The intern:</p> <ul style="list-style-type: none"> • betrays confidentiality • displays a pattern of dishonest behavior • does not exert reasonable efforts to protect others from conditions that interfere with learning or impact their health and safety • is not receptive to feedback on actions, decisions and behaviors when it is brought to attention 	<p>Novice: 2.0 The intern:</p> <ul style="list-style-type: none"> • inconsistently maintains confidentiality • usually treats others fairly and equitably • usually exerts reasonable efforts to protect others from conditions that interfere with learning or impact their health and safety • accepts responsibility for actions, decisions and behaviors when it is brought to attention 	<p>Proficient (target) 3.0 The intern:</p> <ul style="list-style-type: none"> • maintains confidentiality • demonstrates kind, caring, and professional interactions • exerts reasonable efforts to protect others from conditions that interfere with learning or impact their health and safety • demonstrates an understanding that actions, decisions and behaviors can affect student learning 	<p>Advanced Proficient 4.0 The intern:</p> <ul style="list-style-type: none"> • maintains confidentiality • demonstrates kind, caring, and professional interactions • implements preventative methods to protect students from conditions that interfere with learning or impact their health and safety • is regarded by the school community as truthful and honest and models positive behaviors consistently 	<p>Not Observed/ Applicable</p>