

Big Country Teacher Center



Clinical Teaching Handbook

Revised Spring 2025

Table of Contents

Purpose of Clinical Teaching	3
Role of the Big Country Teacher Center	3
Roles and Responsibilities related to Clinical Teaching	4
<i>District and Campus Administrators</i>	4
<i>Cooperating Teacher</i>	5
<i>Clinical Teacher</i>	10
<i>University Supervisor</i>	11
Suggested Responsibilities for Clinical Teachers	12
Possible Timeline for Gradual Release of Responsibilities	16
Instructions for Cooperating Teachers in the use of the Competency Appraisal Form	17
Midterm Appraisal of Clinical Teacher Competencies	19
Final Appraisal of Clinical Teacher Competencies	20
University Supervisor Feedback Form	22

PURPOSE OF CLINICAL TEACHING

Clinical teaching should be a realistic simulation of the total teaching experience. This experience should provide the clinical teacher with an opportunity to synthesize and apply educational theory and pedagogy. The goal of clinical teaching is to establish and maintain proficiency in planning, teaching, assessing, and classroom management. Clinical teaching is successful when the candidate demonstrates proficiency in each of the educator standards for the assignment, and the field supervisor and cooperating teacher recommend to the EPP that the candidate should be recommended for a standard certificate.

Student learning outcomes are aligned with the Domains articulated in the Texas Teaching Standards identified in [Texas Administrative Code](#):

1. Instructional Planning and Delivery
2. Knowledge of Student and Student Learning
3. Content Knowledge and Expertise
4. Learning Environment
5. Data-Driven Practices
6. Professional Practices and Responsibilities

STATE BOARD FOR EDUCATOR CERTIFICATION RULES TEXAS ADMINISTRATIVE CODE(TAC)

State Board for Educator Certification (SBEC) rules are part of a larger body of state agency rules known as the Texas Administrative Code (TAC).

[Texas Administrative Code - Currently in Effect](#)

ROLE OF THE BIG COUNTRY TEACHER CENTER

The Big Country Teacher Center functions as a consortium, with membership including representatives from the following:

1. Teacher education leadership from Hardin-Simmons University, Abilene Christian University, McMurry University and Cisco College;
2. Area school districts participating in the field components, including clinical teaching, of the area teacher preparation programs; and
3. Region XIV Education Service Center.

The Big Country Teacher Center:

1. Provides all stakeholders with information about state expectations for educator preparation outlined in TAC.
2. Coordinates the yearly calendar for clinical teaching and pre-clinical observation calendar.

3. Provides a forum for sharing resources, information and updates related to educator preparation.

ROLES AND RESPONSIBILITIES RELATED TO CLINICAL TEACHING

Clinical teaching is the most formative experience in the teacher preparation process. Additionally, clinical teaching is a cooperative effort involving district and campus administrators, the cooperating teacher, the clinical teacher, and the university supervisor.

A clear understanding of the various roles and responsibilities related to clinical teaching is necessary in order for the clinical teacher to have a successful experience. These roles and responsibilities are outlined in the following sections to facilitate the coordination and cooperation of all parties.

DISTRICT AND CAMPUS ADMINISTRATORS

District and campus administrators value the clinical teaching experience and make purposeful placements to maximize the professional development of a pre-service teacher in the duties of teaching.

In compliance with [TAC 228.93](#), district administrators:

- Work with the university and with campus principals to determine high quality placements for the ongoing professional development of pre-service teachers. Additionally, district administrators:
 - i. Encourage highly-qualified teachers to participate in clinical teaching; and
 - ii. Respect the desires of those teachers who communicate that they do not wish to participate in the opportunity at this time.
- Verify in writing with the university that the selected cooperating teacher meets [TAC 228.93](#) requirements.
- Provide leadership for the successful supervision of clinical teachers.
- Acquaint the clinical teacher with the policies and programs of the campus.
- Welcome the clinical teacher to their campus.

COOPERATING TEACHERS

QUALIFICATIONS

TAC requires that cooperating teachers are recognized as 'highly qualified'.

See [TAC RULE 228.93](#) for a full list of criteria.

A highly qualified teacher:

- Has at least three years of teaching experience.
- Is accomplished educators as shown by student learning.
- Trained by the educator preparation program, *including training in co-teaching strategies and in how to coach and mentor teacher candidates*, during the twelve weeks before or three weeks after being assigned to the clinical teacher.
- Is not assigned to the candidate as a mentor, field supervisor, or site supervisor; and
- Has valid certification in the certification category for the clinical teaching assignment for which the clinical teacher candidate is seeking certification.

DUTIES

[TAC RULE 228.93 \(b\)](#) requires that cooperating teachers guide, assist, and support the clinical teacher in areas such as:

- guide, assist, and support the candidate during the candidate's clinical teaching in areas such as lesson preparation, classroom management, instruction, assessment, working with parents, obtaining materials, and district policies; and
- report the candidate's progress to the candidate's field supervisor

SKILLS & DISPOSITIONS

The contribution of a strong mentoring relationship with an effective cooperating teacher is essential. Skills and dispositions of a strong cooperating teacher include the following:

- Models effective practices and can describe with specificity strategies utilized in the classroom.
- Reflects on personal, professional practice with depth, continually adapting in response to student needs.
- Evaluates materials and resources for alignment to TEKS and effectiveness for learning.
- Engages in advanced, intentional instructional planning.
- Collects and studies student work artifacts and uses performance data to inform instructional decisions.
- Collaborates, willingly sharing thoughts, decisions, resources and ideas.
- Conducts conversations and questions about chosen approaches to instruction, assessment and classroom management.
- Provides on-going constructive and specific feedback.
- Invites suggestions from the clinical teacher and is willing to try new strategies.
- Relinquishes an appropriate level of control to the developing candidate following a gradual release of responsibility.
- Demonstrates trust and confidence in P-12 learners.

- Communicates positively and professionally about the school, the district, the university, and the profession of teaching.
- Maintains communication and reports the clinical teacher's progress with the university supervisor, initiating conversations when needed.

ASSESSMENT RESPONSIBILITIES

Clear and accurate feedback regarding clinical teacher strengths and weaknesses during formative assessment is essential. Therefore, the cooperating teacher uses appraisals provided by the university supervisor.

1. Lesson observations, using documents provided by the relevant university.
2. A formative mid-placement evaluation using the Midterm Appraisal of Clinical Teaching Competency, provided by the relevant university.

Additionally, the cooperating teacher:

3. Uses the results of formative assessments as a basis for helping the clinical teacher establish professional development goals for the remainder of the placement.
4. Conducts a final, summative evaluation using the Final Appraisal of Clinical Teacher Competency at the conclusion of the clinical teaching assignment, provided by the relevant university.
 - a. In conjunction with the Final Appraisal document, the cooperating teacher affirms that the clinical teacher has satisfied all requirements to be eligible for recommendation for certification. Documentation for fulfillment of this requirement will be provided by each relevant university.
 - b. The completed Final Appraisal document is not reviewed with the clinical teacher. The cooperating teacher mails the document to the relevant university personnel per the instructions provided.
5. Provides feedback to the university specific to the experience of working with the assigned supervisor using the University Supervisor Feedback Form provided by the relevant university

CO-TEACHING MODELS TO CONSIDER FOR COLLABORATIVE TEACHING

[TAC 228.67\(d\)](#) requires that the clinical teaching semester follows a **co-teaching model**.

Co-teaching is a method used to better familiarize the Clinical Teacher with the students' needs and the classroom culture and procedures. The time period of co-teaching should still be followed with a period of full teaching responsibilities where the Clinical Teacher serves as the lead.

Beginning descriptions and definitions are provided below in order to develop a shared language to describe the strategy. There is no hierarchical order for implementing these strategies. Co-teaching strategies can be used individually or in combination. For further information on their work, see the following website:

<https://www.stcloudstate.edu/coeld/coteaching/research.aspx>

Rather than conceptualizing the teaching phase as solely a full-release model, a variety of strategies can be used with a more collaborative model. Co-teaching is defined as two teachers (a clinical teacher and a cooperating teacher) who work together with groups of students and who share the planning, organization, delivery, and assessment of instruction, as well as the physical space (Bacharach, Heck, & Dank, 2004). Six strategies adapted from the work of Marilyn Friend and Lynne Cook are provided below.

Questions and Discussion:

- If a clinical teacher is expected to experience full teaching responsibilities, why is the co-teaching model encouraged/required?
 - i. Working collaboratively will support the clinical teacher in gaining traction as s/he moves toward more independence as an educator.
 - ii. The goal is to find ways to keep both teachers actively engaged with students and their learning.
 - iii. In the clinical teaching setting, the co-teaching structures essentially decrease the student-to-teacher ratio and increase the opportunity for support and differentiation for students.
 - iv. In addition to being a developing professional in need of mentoring, the clinical teacher can then be seen by students and colleagues as a highly-trained instructional partner.
- If a co-teaching model is required, then why would the clinical teacher need to experience the full-teach opportunity in this placement?
 - i. Most teachers are hired to be the sole teacher in a classroom. The full-teach experience provides clarity and relevance for each of the components associated with teaching and the interactive, interdependent nature of these components.

Six collaborative teaching strategies are offered here that may be considered for the clinical teaching context. In these descriptions, the word 'teacher' is used interchangeably to reference the cooperating teacher or the clinical teacher.

- **One Teach, One Observe**-In this model, one teacher has primary instructional responsibility while the other gathers specific observational information on students or the (instructing)teacher. The key to this strategy is to focus on the observation - where and how the teacher is doing the instruction and observing specific behaviors. It is important to remember that either the teacher candidate or the cooperating teacher could take on both roles.
- **One Teach, One Assist**-This model is an extension of "one teach, one observe". One teacher has primary instructional responsibility while the other assists students with their work, monitors behaviors, or corrects assignments, often lending a voice to students or groups who would hesitate to participate or add comments.

- **Station Teaching** occurs when the cooperating teacher and clinical teacher divide the instructional content into parts. Each teacher instructs one of the groups, and groups then rotate or spend a designated amount of time at each station. Often, independent stations will be used along with the teacher-led stations.
- In the **Parallel Teaching** approach, each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategies. The greatest benefit to this method is the reduction of the student to teacher ratio.
- The **Supplemental Teaching** strategy allows one teacher to work with students at their expected grade level, while the other teacher works with those students who need the information and/or materials re-taught, extended, or remediated.
- The **Alternative or Differentiated Teaching** strategies allow for two different approaches or modifications to teaching the same information. The learning outcome is still the same for all students, but one teacher works with one group and the other teacher with a different group with a modified method of instruction.

TIPS FOR THE COOPERATING TEACHER

For the clinical teacher to gradually assume teaching responsibilities in his/her quest to achieve the goals of clinical teaching, the cooperating teacher plans for early opportunities in the classroom, a gradual release of teaching responsibilities, and the opportunity for at least one full-teach week within the assigned placement.

Receiving and Welcoming the Clinical Teacher

1. Read “Suggested Responsibilities of the Clinical Teacher” (beginning on page 12) in the “Resources and Documents to Support the Cooperating Teacher” section of this handbook.
2. Review campus and classroom policies, discipline procedures, curriculum materials, and dress code.
3. Prepare the students in the class for the arrival of a clinical teacher.
4. Welcome and establish the clinical teacher in your classroom:
 - Provide a suitable working space for the clinical teacher.
 - Provide all textbooks, grade books, school policy manuals, and other materials and resources the clinical teacher may need.
 - Exchange contact information for communication as needed.
 - Provide the opportunity for the clinical teacher to take an active role on the first day as they are also observing and learning the students, the procedures, etc.
 - Help the clinical teacher develop plans for teaching, including:
 - i. lesson and unit plans;
 - ii. assessment plans; and
 - iii. teaching strategies.
 - Determine when the clinical teacher is prepared to assume responsibilities for teaching the class.

- Help the clinical teacher reflect on his/her teaching.

Providing Feedback

1. Set a predetermined time to regularly meet with the clinical teacher for the purpose of reflection and feedback, guidance and instruction.
2. Determine a protocol for productive meetings.
3. Identify the agenda (topic for discussion) prior to the meeting.
4. Provide accurate and specific feedback. (No surprises at the end of the placement.)
 - Start with positive feedback to establish the practice.
 - Give specific examples.
 - Ask the clinical teacher to explain what s/he heard to ensure clarity.
 - Sandwich difficult feedback with positive feedback where possible.
 - i. If difficult, be prepared to offer strategies, expectations, etc., as support.
 - ii. Document the conversation.
 - Keep a journal.
 - Voice recordings can be an option for busy days.
 - Describe the context, the date, and a summary
 - If you have questions or concerns or if you just need to process, reach out to the university supervisor.

GRADUAL RELEASE OF RESPONSIBILITIES

Clinical teachers should be ready to begin without an extensive observation period. All clinical teachers will have completed a minimum of 50 field hours prior to this semester; many are arriving with significant pre-clinical teaching experience.

Goal:

Split Placements: 1 week of full teach responsibilities

Full Placements: 2 weeks of full teach responsibilities

The cooperating teacher should:

- determine how fast the clinical teacher should progress toward the goal of full teaching responsibilities, and
- feel **free to introduce more responsibilities sooner** depending on the readiness of the clinical teacher and/or the structure that the context offers for earlier opportunities. Tips for creating an appropriate timeline can be found on page 16.

The clinical teacher should:

- begin teaching as soon as possible with a gradual and steady increase of responsibility in all the duties of teaching to build stamina, confidence, and experience to support a successful start in the first year of teaching. The goal is to grow steadily toward full teaching responsibilities.

CLINICAL TEACHER

According to [TAC Chapter 228.2 \(15\)](#), clinical teaching means a supervised teacher assignment through an EPP in the classroom of a cooperating teacher at a public school accredited by the TEA or other school approved by the TEA for this purpose that may lead to completion of a standard certificate; also referred to as student teaching.

Professional educators demonstrate knowledge and skills that result in desired learning outcomes. Clinical teaching is successful when the candidate demonstrates proficiency in each of the educator standards for the assignment and the field supervisor and cooperating teacher recommend to the EPP that the candidate should be recommended for a standard certificate. The goal of clinical teaching is for the clinical teacher to achieve and maintain proficiency in the duties of teaching including planning, teaching, assessing, and managing the classroom.

Therefore, the clinical teacher is to function in the classroom as a *teacher*. The clinical teacher is not to function as an assistant, an aide, or as an observer.

To achieve the goals of the clinical teaching semester, clinical teachers work carefully under the guidance of the cooperating teacher to gradually assume responsibilities in the duties of teaching. Each university will assess the clinical teacher's achievement of the domains articulated in the Texas Teaching Standards to be eligible for certification.

[TAC Chapter 228.67\(b\)](#) has established a minimum requirement of time for clinical teaching in order to qualify for initial certification.

According to [TAC §228.67\(b\)](#). In **Clinical Teaching, a clinical teacher must complete a minimum of 490 hours in the assigned teaching assignment.** The 490 hours must be in an authentic school setting in a public school accredited by TEA with actual students in classrooms/instructional settings during the school day.

Beyond the goal to establish and maintain proficiency in the domains of the Texas Teaching Standards, clinical teachers are expected to abide by the Texas Educator Code of Ethics, FERPA, and Title IX policies.

Links: [Educators' Code of Ethics \(outside source\)](#)
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

UNIVERSITY SUPERVISOR

The university supervisor works closely with both the cooperating teacher and the clinical teacher and serves as the coordinating link between the university and the participating schools.

According to the [TAC Chapter 228.2\(27\)](#), the definition of a university supervisor is a currently certified educator, who preferably has advanced credentials, hired by the EPP to observe candidates, monitor their performance, and provide constructive feedback to improve their effectiveness as educators.

The Field Supervisor's Qualifications include the following:

- Has at least three years of creditable years of experience.
- Trained by the Educator Preparation Program as a Field Supervisor.
- Has current certification in the class in which supervision is provided.
- Must be an accomplished educator as shown by student learning.
- Has completed Texas Teacher Evaluation and Support System (T-TESS) training every three years.

According to the [TAC Chapter 228.101\(b\)\(5\)\(a-e\)](#), The Field Supervisor's Responsibilities include the following:

- At least three informal observations that are 15 minutes or more in duration per semester of the clinical teaching assignment.
- The first informal observation must occur within the first six weeks of the clinical teaching assignment and must be in-person. Additional informal observations may be conducted virtually, either synchronous or asynchronous;
- Are informed by written feedback provided during post-observation conferences; and
- Include observation and feedback on targeted skills.

RESOURCES AND DOCUMENTS TO SUPPORT THE COOPERATING TEACHER

SUGGESTED RESPONSIBILITIES FOR CLINICAL TEACHERS

The clinical teaching assignment includes four major phases of responsibilities for the clinical teacher: observation, cooperative planning, teaching, and evaluation. The length of time spent in each phase will depend upon the length of the clinical teaching assignment and the individual clinical teacher.

Phase I: Observation

The first phase of responsibilities for the clinical teacher is to learn the context. Detailed descriptors of these are provided below. This phase encompasses:

1. Understanding the students, the structures, and the rhythms of the campus/classroom.
2. Understanding support resources available to faculty and students.
3. A focused study of instructional and assessment strategies.
4. Understanding the management of the classroom including routines, procedures, and behavior management.

Understanding the Students: The clinical teacher processes observations with the cooperating teacher related to:

1. Student behaviors to understand student characteristics, work habits, barriers to learning, stamina, interests, learning needs, relationships, etc.
2. Interactions among peers and adults.
3. Student personal needs such as medical, familial, physical, and/or social.
4. Responsive strategies and teacher actions that scaffold the student's success.

Understanding the Structures and Rhythms of the Campus/Classroom: The clinical teacher processes observations with the cooperating teacher related to:

1. Structures related to the running of the campus and the interaction of the classroom structures within the context of the bigger picture.
2. Structures such as daily schedules that frame the day including bell schedules, daily announcements, entry and exit time allotments, pull out opportunities for students, etc.
3. Transitions from the classroom to other locales within the building (restroom, cafeteria, library, recess, etc.) and within the classroom such as moving from large to small groups, or moving from one classroom to another/one subject matter to another.
4. Routines that support growth toward independence in activities such as submitting work, sharpening pencils, lining up, entering the classroom, etc.

Understanding Support Resources, the clinical teacher should:

1. Visit the school's learning resource center.

2. Visit the counselor's office.
3. Learn the rules concerning the teacher's use of copy machines, audio-visual equipment, etc.
4. Learn about the services and materials available from Region XIV Education Service Center.
5. Be aware of special education programs and facilities and visit the special education classrooms.

Understanding Instructional and Assessment Strategies: The clinical teacher will develop a deeper understanding, or Lesson Internalization, of the required factors in developing and evaluating highly qualified instructional materials for diverse students.

1. Review the relevant content and grade-related TEKS, review curriculum resource materials such as the scope and sequence, the teacher's lesson plan, and student work to become familiar with academic performance expectations.
2. Note the various strategies applied that scaffold individual learning needs of students with Individual Education Plans.
3. Study the content-related vocabulary utilized by the teacher to meet the level of the students.
4. Study to apply the teacher's use of questioning strategies.
5. Observe/identify elements of the lesson cycle in instruction.
6. Notice the techniques that best hold the interest of the students and the different methods used with individual students.
7. Pay attention to assessment strategies used throughout a lesson and/or throughout the day.

Understanding Management of the Classroom: The clinical teacher will observe and process with the cooperating teacher the following:

Routines & Procedures

1. Note various methods of opening class (i.e. the teacher's point of focus).
2. Study the pacing of the class, including:
 - development and use of routines.
 - the teacher's use of physical proximity to manage and monitor student engagement during teaching.
3. Note the cooperating teacher's methods of closing class, including:
 - the amount of time allotted for clearing away materials and the location of materials.
 - the presentation of future assignment requirements.
4. Note activities between classes or subjects, including:
 - the interaction with students.
 - the reorganization of materials and resources.
 - the position of the teacher in the classroom.
5. Note the management of materials, including:
 - how materials are distributed and collected.

- the expectation of student management of personal items.
- the management and readiness of individual supplies.

Classroom Management: Discipline, Grouping, and The Learning Environment

1. Obtain a copy of classroom rules on the first day of the clinical teaching assignment and be prepared to follow these rules.
2. Study classroom management in terms of voice volume, eye contact, transition activities, behavior modification, etc.
3. Observe positive discipline techniques used.
4. Look for consistent patterns of discipline which are firm, objective, positive, and courteous.
5. Note the infrequency of discipline problems in a classroom where students are successfully engaged in appropriate activities
6. Watch for the teacher's ability to adjust to unforeseen situations.
7. Pay attention to the various noise levels and the teacher's method of maintaining the proper level for each type of activity.
8. Note teacher movement around the room, especially when and where the teacher sits and stands.

When observing grouping techniques, the clinical teacher should:

1. Be aware of how the needs of students with specific learning, physical, and/or social needs are met; and
2. Note the teacher's time management/pacing with groups.

When observing the learning environment of the classroom, the clinical teacher should:

1. Analyze the arrangement of the classroom for:
 - Ease of access or the presence of barriers to the flow of traffic.
 - Support for collaborative learning opportunities; and
 - Access to teacher support.
2. Pay attention to what materials, equipment, and resources that assist the students in becoming self-managing; and
3. Take note of the materials, equipment, and resources that help create an attractive, functional learning environment.

Phase II: Cooperative Planning

The second phase of clinical teaching involves cooperative planning between the cooperating teacher and the clinical teacher. During cooperative planning, the clinical teacher will:

1. Become familiar with the cooperating teacher's plans.
2. Discuss ideas for teaching with the cooperating teacher (including district-prepared plans).
3. Incorporate a variety of teaching strategies.

Phase III: Teaching

The third and most extensive phase for the clinical teacher is classroom-teaching experience. During this phase the clinical teacher should gradually assume increasing amounts of responsibility for teaching the class. The cooperating teacher and the university supervisor will collaboratively determine the rate at which this responsibility is assumed. These opportunities should include:

1. Collaborating with the cooperating teacher in performing daily routines including classroom management, checking attendance, helping students with make-up work, supervising and supporting students, and working with individual students or with small groups of students.
2. Planning and directing activities, including:
 - Preparing teaching aids and materials.
 - Directing learning activities.
 - Evaluating students' progress.
 - Responding to student needs.
3. Becoming increasingly responsible for directing the learning activities of students and maintaining classroom discipline.
4. Assuming teaching responsibility with less/minimal supervision from the cooperating teacher, including:
 - Planning and directing units of instruction.
 - Assuming primary responsibility for classroom management and instruction.
 - Developing learning aids and instructional resources.
 - Implementing individual ideas, techniques, and strategies, and beginning to develop a personal teaching style which maximizes the potential of the clinical teacher.

Phase IV: Evaluation

During the evaluation of student progress, the clinical teacher will:

1. Learn district/campus processes for documenting and reporting grades.
2. Evaluate student's progress in relation to curriculum goals and learning objectives.
3. Process regularly with the cooperating teacher the assessment outcomes.

To conduct a self-evaluation of his/her own professional development, the clinical teacher will:

1. Establish professional goals and evaluate his/her individual progress toward the achievement of these goals.
2. Be evaluated by both the cooperating teacher and the university supervisor.

GRADUAL RELEASE OF RESPONSIBILITIES POSSIBLE TIMELINE

The example provided here is intended to give you an idea of how you might create a ‘give and take’ model of implementing TEA- required experiences, responsibilities, and duties (page 5) on to the clinical teacher in a gradual release model. Through a gradual release model, the clinical teacher can practice, reflect, refine, and increase stamina, flexibility, responsiveness, and proficiency over time building up to full responsibilities.

This example can be adapted for any learning structure, including:

- i. self-contained.
- ii. team teaching.
- iii. departmentalized.
- iv. split-placement, and/or
- v. full placement arrangements.

Split Placements	Full Placement
Week 1/ 2: Clinical teacher should observe, teach mini lessons, small group tutoring, one-on-one teaching, shared teaching, ‘entry-level’ opportunities to be in front of students	Week 1/ 2: Clinical teacher should observe, teach mini lessons, small group tutoring, one-on-one teaching, shared teaching, ‘entry-level’ opportunities to be in front of students
Week 3: You teach, I teach Clinical teacher carries responsibilities for one or two subjects, one or two class periods. Teacher provides ongoing feedback.	Week 3/ 4: You teach/ I teach Clinical teacher carries responsibilities for one or two subjects, one or two class periods. Teacher provides ongoing feedback.
Week 4/5 Co-Teaching (As directed by EPP)	Weeks 5-11 Co-Teaching (As directed by EPP)
Week 6 Clinical teacher carries full teach responsibilities	Week 12/13 Clinical teacher carries full teach responsibilities
Week 7 Gradual release of responsibilities back to the cooperating teacher.	Week 14 Gradual release of responsibilities back to the cooperating teacher

INSTRUCTIONS FOR COOPERATING TEACHERS IN THE USE OF THE COMPETENCY APPRAISAL FORM

Two times during the tenure of the clinical teacher, the cooperating teacher will be asked to complete a Competency Appraisal Form.

The first time will be a mid-term appraisal of the clinical teacher's progress that is:

1. To be completed half-way through the clinical teaching placement.
2. Used for formative assessment purposes intended to assist the clinical teacher in identifying individual strengths and weaknesses.
3. To be used to guide a conversation between the cooperating teacher and the clinical teacher that includes goal setting.
4. Not to be considered by the university supervisor toward the final grade of the clinical teacher.

The second and final evaluation will be:

1. A confidential appraisal returned directly to the university at the close of the placement.

As the cooperating teacher completes this appraisal form, he/she should keep the following in mind:

1. That he/she is appraising a beginning teacher with the equivalent of four to twelve weeks of teaching experience.
2. The clinical teacher should be appraised on how well the competencies outlined in the rubric linked in this handbook have been met.
3. Not to compare the clinical teacher to an experienced teacher.

Steps to Complete the Process

With the goal that clinical teachers will achieve and maintain proficiency in the duties of teaching, clear and accurate feedback from the cooperating teacher is essential throughout the experience. The following steps will guide the cooperating teacher in completing the process, including how to understand more fully what each of the indicators on the appraisal documents mean.

Mid-Term Appraisal Steps:

At the midpoint of each placement, you will be asked to complete the Mid-Term Appraisal and review the results with the clinical teacher. The clinical teacher is expected to make goals based on the feedback provided in this review. Steps:

1. Complete the Mid-Term Appraisal form.
2. Review the competencies with the clinical teacher at the mid-placement evaluation.
3. Sign and date the appraisal form.
4. Make a copy.

The clinical teacher will return the completed document to the supervisor. The clinical teacher should identify goals based on the Mid-Term Appraisal results along with results of observation rubrics and any on-going formative feedback.

Final Appraisal Steps

The cooperating teachers will complete the Final Appraisal form at the conclusion of the clinical teaching assignment. They will return the completed, signed, and dated form to the university per the instructions given to you by the relevant university.

NOTE: On this appraisal form, cooperating teachers are required to sign a statement of affirmation. This affirmation statement documents the cooperating teacher's acknowledgement that the clinical teacher has completed and met the standards set forth by TEA to be recommended for certification.

The documents used for each designated appraisal will be provided by the relevant university.

MID-TERM APPRAISAL OF CLINICAL TEACHER COMPETENCY

updated Spring 2024

Clinical Teacher Name: _____ University: _____

Cooperating Teacher Name: _____ Campus/Grade Level/Subject: _____

University Supervisor Name: _____ Date: _____

Competency	Proficient	Developing	Improvement Needed	Unsatisfactory
Effective Communication				
Oral Expression				
Written Expression				
Tact/Judgment				
Interaction with Colleagues and Supervisors				
Timeliness				
Reflective Practice				
Response to Feedback				
Personal Reflection				
Problem Solving				
Professionalism				
Punctuality				
Attendance				
Values Learning				
Self-Awareness				
Acceptance				
Reliability/Dependability				
Self-Initiative/Independence				
Flexibility and Responsiveness				
Emotional Constancy				
Professional Practice				
Documentation and Planning				
Content Knowledge				
Student Engagement				
Effective Instruction				
Meaningful Assessment				
Respectful Communication with Students				
Classroom Management				
Ethics/Integrity				
Integrity of Speech				
Ethical Behavior				

COMMENTS: (Use back of page if needed)

Signature of Mentor Teacher

FINAL APPRAISAL OF CLINICAL TEACHER COMPETENCY

updated Spring 2024

Clinical Teacher Name: _____ University: _____

Cooperating Teacher Name: _____ Campus/Grade Level/Subject: _____

University Supervisor Name: _____ Date: _____

Competency	Proficient	Developing	Improvement Needed	Unsatisfactory
Effective Communication				
Oral Expression				
Written Expression				
Tact/Judgment				
Interaction with Colleagues and Supervisors				
Timeliness				
Reflective Practice				
Response to Feedback				
Personal Reflection				
Problem Solving				
Professionalism				
Punctuality				
Attendance				
Values Learning				
Self-Awareness				
Acceptance				
Reliability/Dependability				
Self-Initiative/Independence				
Flexibility and Responsiveness				
Emotional Constancy				
Professional Practice				
Documentation and Planning				
Content Knowledge				
Student Engagement				
Effective Instruction				
Meaningful Assessment				
Respectful Communication with Students				
Classroom Management				
Ethics/Integrity				
Integrity of Speech				
Ethical Behavior				

Statement of Affirmation Required. See Back.

Statement of Affirmation for Recommendation for Certification

[Texas Administrative Code §228.67\(e\)](#) states:

Clinical teaching is successful when the candidate demonstrates proficiency in each of the educator standards for the assignment and the field supervisor and cooperating teacher recommend to the EPP that the candidate should be recommended for a standard certificate. *If either the field supervisor or cooperating teacher do not recommend that the candidate should be recommended for a standard certificate, the person who does not recommend the candidate must provide documentation (e.g., evidence of failure to demonstrate proficiency in educator standards, evidence of failure to meet program requirements, evidence of failure to adhere to campus policies) supporting the lack of recommendation to the candidate and either the field supervisor or cooperating teacher.*

Select One:

- **Yes.** I affirm that this candidate has completed the requirements associated with clinical teaching to be eligible for recommendation for standard certification.

- No.** I do not recommend this candidate for standard certification.

Printed Name of Cooperating Teacher

Signature of Cooperating Teacher

Date

Comments:

UNIVERSITY SUPERVISOR FEEDBACK FORM

We would like your assistance in helping us to monitor our performances as university supervisors. Please complete this form and return it, with the clinical teacher evaluation form, in the enclosed postage-paid envelope. Thank you.

Name of University Supervisor _____

Semester and Year _____

Using the following scale, rate the university supervisor's performance for each item.

- 5 = Excellent; extremely helpful
- 4 = Very good; quite helpful
- 3 = Adequate; helpful
- 2 = Less than adequate; not too helpful
- 1 = Inadequate; harmful
- NA = not applicable in my situation

- _____ 1. The university supervisor was courteous.
- _____ 2. The university supervisor treated me as a valued professional.
- _____ 3. The university supervisor made an introductory visit to meet me and become aware of the clinical teaching situation.
- _____ 4. The university supervisor made at least four observational visits during the assignment. These visits were at least one week apart. (If you had a clinical teacher for a half assignment, respond for only that time period which would be two visits.)
- _____ 5. The quality of the feedback and suggestions made by the university supervisor were appropriate and useful.
- _____ 6. When notified that there was a problem developing, the university supervisor responded very quickly.
- _____ 7. The university supervisor had a good rapport with the clinical teacher.
- _____ 8. The university supervisor had a positive attitude about the program and about the school in which I teach.
- _____ 9. The university supervisor made me feel I had a valuable role to play.

Additional comments or suggestions: (Use the back if necessary)