



Clinical Internship Handbook 2025-2026

**A Guide for Clinical Interns, Cooperating
Teachers, and University Supervisors**

**University of Southern Indiana
Teacher Education Department**

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Welcome!

**“The best part of teaching is that it matters.
The hardest part of teaching is that every moment matters every day.”**
Todd Whitaker

The clinical internship semester is a pivotal time in the development of a clinical intern. The clinical internship marks the transition from being a college student to becoming a professional educator. During this semester, clinical interns will be fully immersed in the daily work of teaching. They will participate in planning curriculum, delivering instruction, managing the classroom, and assessing student learning. Clinical interns must abide by all policies and procedures outlined for faculty and staff and must be mindful that they are guests in the school. Clinical interns should consider it a privilege to be a part of the education of a student.

The clinical internship is a full-time, 16-week experience. The semester can be rewarding, challenging, and overwhelming – all at the same time. Please do not underestimate the full-time nature of this endeavor. If clinical interns attend to all the duties expected, they will work long hours. If clinical interns hold a part-time job during the clinical internship semester, the first priority must be the clinical internship. Good time management and organizational skills will result in a successful experience.

There are many people who have a vested interest in a clinical intern’s success. Along with the university supervisor and cooperating teacher, the entire faculty in the Teacher Education Department at USI offers their support and extends best wishes to each intern.

Sincerely,

Ms. Lisa Bartley

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Director of Clinical Internships
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CLINICAL INTERN

Policies, Responsibilities and Procedures

A **clinical intern** is a clinical intern in the final year of USI's teacher preparation program who is completing a full-time, supervised teaching experience. This internship is a critical step toward becoming a licensed educator. Clinical interns work closely with a **cooperating teacher** in the classroom and receive ongoing support and guidance from a **university supervisor** to develop and refine their teaching skills in a real-world setting.

Eligibility Requirements to Submit a Clinical Internship Application and to Begin the Clinical Internship

1. Maintain a GPA of 2.75 overall and in all relevant majors and minors
2. Have no grade of Incomplete in courses required for program completion
3. Have no grade lower than a C in courses required for program completion
4. World Language Majors must have a score of Advanced Low on the OPI
5. Complete an additional background check if required by the Office of Clinical Experiences
6. Complete and submit the Consent for Release of Information and Self-Disclosure Form prior to the Clinical Internship Orientation in August or January
7. Complete and submit the Clinical Internship Handbook Signature Page for the current academic year prior to the Clinical Internship Orientation in August or January
8. Complete all pre-requisites for EDUC 424, EDUC 431, EDUC 471, EDUC 473 prior to the Clinical Internship semester.

****USI students who are completing a second Clinical Internship Application must meet with the Educator Preparation Issues Committee before the application is accepted. A USI student submitting a second application should contact the Director of Clinical Internships.**

Policies

Attendance

Absences

Attendance for the clinical intern is mandatory. Absences of the clinical intern will be considered on an individual basis. The clinical internship may need to be extended at the end of the semester and even after graduation for excessive absences. There are ***no personal days*** for appointments or vacations. Absences for job interviews may be granted and must be approved by the cooperating teacher and the university supervisor. If an emergency prevents a clinical intern from attending school, the cooperating teacher and university supervisor must be contacted as soon as possible. This communication should occur before the beginning of the school day.

How sick is too sick to go to school? Interns must follow the health guidelines established for P12 students. Interns must stay away from school if they are suffering from vomiting, diarrhea, fever over 100 degrees, unexplained rashes, chicken pox, pink eye, impetigo, scabies, ringworm, or any type of contagious disease.

Clinical interns with children or other dependents must arrange for their care before the clinical internship semester begins. Clinical interns cannot miss the clinical internship because of a sick child at home.

Excessive absences could result in removal from the clinical internship experience, or the clinical intern may be required to add extra days to the clinical internship.

Tardiness

Clinical interns are expected to be punctual and follow the arrival policy for contracted full-time teachers. Repeated tardiness could result in removal from the clinical internship experience, or the clinical intern will be required to add extra days to the clinical internship.

Arrival and Departure

Clinical interns are required to be at school or online the same hours as the cooperating teacher. Clinical interns are encouraged to arrive early and stay late to ensure that they have adequate time for planning and preparation.

Faculty Meetings/Parent-Teacher Conferences/Professional Development

Clinical interns are required to attend any meetings that the cooperating teacher is required to attend. This includes PLCs, in-service training, before and after school faculty meetings, open houses, parent-teacher conferences, case conferences, etc. The only exception to this is if the cooperating teacher says that it would not be appropriate for the intern to attend a certain function.

Pregnancy/Surgery/Other Medical Conditions, etc.

If a clinical intern anticipates or experiences excessive absences due to pregnancy, surgery, or other medical conditions, the intern may be required to extend the clinical internship. In some instances, a grade of incomplete may be issued until the clinical internship is completed in its entirety.

Seminar Course

Attendance and participation in the seminar class are mandatory. Clinical interns cannot have any commitments that would interfere with this course, even if they are school related. Clinical interns must plan their schedule on Mondays to arrive at USI for the seminar course by 4:00 PM CT. The clinical intern may leave early to ensure he/she is in class by 4:00 PM CT.

Inclement Weather

Days when school is closed due to inclement weather do not count against the clinical intern. Clinical interns must attend make-up days or make-up times that are scheduled during the clinical internship assignment. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed. If a virtual day is scheduled, please provide the clinical intern with log in information.

Calendar

Clinical interns will follow the calendar of the P12 school, not the USI calendar, for holidays and breaks. The schedule for the seminar course does not follow the calendar of P12 schools. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Cell Phones

A clinical intern's cell phone should be in the off or mute position during school hours and during PLCs and Faculty Meetings. If a clinical intern anticipates a call during the school day or during a meeting due to an emergency, he/she should notify the cooperating teacher at the beginning of the day. At no time when clinical interns are in the presence of students should they be involved in texting, checking social media, or talking on a cell phone.

Email

Clinical interns should check their USI email account daily. This email account is the main source of communication between USI faculty, university supervisors, cooperating teachers, the Office of Clinical Experience and the clinical interns. Not reading email is not an acceptable excuse for missing deadlines or failing to be aware of expectations, requirements, and critical information. Email should never be considered "private." Clinical interns should only use a USI email account (not yahoo®, hotmail®, gmail®, etc.) when communicating with university supervisors, principals, cooperating teachers or other teaching colleagues. At no time should a clinical intern use his or her personal email account.

Etiquette

Clinical interns should address cooperating teachers, university supervisors, instructors, professors, and themselves by title and not simply by his or her first or last name. For example, Dr. Sheila Smith should not be addressed as Sheila or Smith. The appropriate salutation would always be Dr. Smith. This type of etiquette encompasses both face-to-face, written and/or electronic communication.

Gum and Food

Clinical interns should at no time be chewing gum on school property or eating food during instructional time. Food should be consumed only during appropriate break/lunch times.

Lunch

If the clinical intern's cooperating teacher leaves the school for lunch, the clinical intern may do so as well. School policies must be followed at all times.

USI Professional Dress Code

Clinical interns are expected to dress professionally every day. The standards for a "business casual" wardrobe are a good reference point. An appropriate professional wardrobe is conservative, not trendy. Clinical interns must present a professional appearance to future employers, colleagues, parents, and P-12 students. The Teacher Education Department has a dress code for clinical interns in clinical internship. Clinical interns are **required** to follow this dress code whenever they visit a site for clinical placements. Clinical interns who violate the dress code are subject to a disposition alert which could lead to removal from the clinical internship.

****Lack of professional appearance is considered a Professional Disposition.***

When USI clinical interns are in schools, they should be perceived as "professionals" not as "students."

Basic hygiene is assumed. Clothes should be clean, pressed, and fit appropriately. Interns' hair and nails should be clean, neat, and appropriately groomed. Hair color should be natural colors and not include colors that are a distraction from learning. For example: purple, green, pink, unnatural red, etc., hair styles should also not be a distraction to learning. Facial hair, if worn, should be clean and neatly trimmed. Jewelry should be subtle (see "Other guidelines"), as should cologne or perfume (keep in mind that many students have fragrance allergies). Artificial eyelashes, that distract from learning, should not be worn.

****School administrators have the final say in the appropriateness of the appearance of a clinical intern assigned to his/her school.***

Clinical interns are required to follow the USI Professional Dress Code outlined in detail below. Clinical interns must present a professional appearance to future employers, colleagues, parents, and P-12 students.

Name tag

– USI Photo Name Badge available in Eagle Access office for \$5

- Must be worn attached to the shirt collar or on a visible lanyard
- Follow the Photo ID requirement at the clinical placement
- Students should not wear a USI Student ID badge that displays the student identification number

Shirts and Blouses

- No athletic type t-shirts or sweatshirts (with or without hoods)
- Shirts or sweaters must fit appropriately and not be too tight, too short, too baggy, etc.

Shoes

- Must be clean and appropriate for school environment
- Flip flops or sandals without a back strap are not permitted
- Tennis shoes or athletic shoes are not allowed unless teaching physical education
- Crocs® should not be worn

Trousers, slacks, skirts, dresses, or capri pants

- Skirts and dresses must be at least knee-length
- No “cargo” pants with multiple pockets on the legs
- No jean cut pants or denim jeans
- No apparel that is torn, faded, wrinkled, too baggy, or too tight
- Leggings/Jeggings must be worn with a tunic-type top
- No flannel/pajama style pants
- No shorts of any kind unless teaching physical education

In addition to the dress code stated above, these guidelines must be followed:

- No low cut or revealing clothing (midriff and cleavage must not show)
- No visible piercings other than subtle earrings in the ears – this includes septum nose rings, eyebrow, lip, tongue, or other piercings that would be a distraction to the learning process

**** Clinical interns may wear jeans on days designated by the school administration as free dress, casual dress, spirit wear, etc. Jeans may not be torn, faded, too baggy, or too tight.***

Kappa Delta Pi (KDP) has a Professional Dress Closet in the Teacher Education Department. All items are \$1.00. It is open daily. Access can be gained by checking in with Ms. Michelle Herrmann, Teacher Education Department Senior Administrative Assistant.

Disposition Alert Policy

The intent of the disposition alert process is to add to the assessment of students’ professionalism and dispositions to become teachers and serves as a complement to the evaluation of students’ academic performance. USI Teacher Education believes Professional Dispositions are skills like any other that can be developed. Therefore, frequent assessment and feedback, and using the alert process, if necessary, allows for early and effective intervention.

The disposition system addresses several needs, including the provision of (a) a systematic, consistent approach to assessing and supporting clinical interns’ disposition growth throughout their preparation, (b) a method for stakeholders (i.e., USI faculty/staff and school personnel) to report and remediate clinical interns’ misconduct, and (c) valid and reliable data for EPP CAEP accreditation. The full policy can be

found on the USI Teacher Education website [Faculty and Staff Resources - University of Southern Indiana](#).

Social Media

While written and oral communication among peers is often casual and informal, it is imperative for clinical interns to be mindful of professional expectations in this regard. Conventional English must be used in all written and oral correspondences with university instructors, principals, and teachers. Clinical interns should not have any personal conversations with students via email, texting, cell phone, social networks, or other forms of communication. Most schools have policies regarding the use of email and cell phones by students and school personnel, and clinical interns must adhere strictly to these guidelines. Clinical interns are also reminded that their public image must be professional. This public representation of oneself includes social networks such as Facebook®, Instagram®, Snapchat®, TikTok®, etc. Clinical interns should not “friend” students or the parents of students on their social networking sites. This is a breach of professional boundaries.

Law of Subsidiarity

Clinical interns should follow the law of subsidiarity when addressing issues of concern. This means that the clinical intern first speaks to the cooperating teacher, then the university supervisor, then the Director of Clinical Internships, and finally the Teacher Education Department Chair.

Accidents/Injuries

USI clinical interns who are involved in an accident or who sustain an injury at a school or site, should report the incident to the school principal and to a director in the Office of Clinical Experiences. In addition, a report should be made to the USI Office of Risk Management. Reports should be made within 48 hours of the incident.

Clinical Internship Placement Termination Policy

When there is a problem with the clinical intern’s performance, attendance, and/or disposition, the situation will first be addressed by the university supervisor and cooperating teacher. If the problem continues or if it is more serious, the Director of Clinical Internships may suspend the clinical intern’s placement, and a Student Progress Review Plan may be developed. The cooperating teacher, the university supervisor, the clinical intern, and the Director of Clinical Internships will have a conference and develop a Student Progress Review Plan for the intern. The plan will be signed by the cooperating teacher, the university supervisor, the Director of Clinical Internships, and the clinical intern each receiving a signed copy of the plan. If all expectations are fulfilled, the intern will be allowed to continue. If not, the placement is terminated. The intern may withdraw from the clinical internship or receive an unsatisfactory grade.

If the clinical intern violates the USI Code of Conduct or any policies of the school to which he or she has been assigned, the USI Dean of Students will be involved in the decision about the clinical intern’s status.

A school district, principal, or relevant USI teacher education personnel may suspend or terminate a clinical internship for reasons that are deemed serious in nature. In such circumstances, no plan for improvement will be executed.

A clinical intern, whose placement is ended by the P12 site/school or the USI Office of Clinical Experience, will not be placed in a different site/school/grade level for the remainder of the semester.

A clinical intern who withdraws from the clinical internship or receives an unsatisfactory grade may submit a new clinical internship application following the current guidelines at the time of application. A clinical intern may be required to fulfill a period of remediation.

A clinical intern whose placement is ended by the P12 school, or the USI Office of Clinical Experience will not be placed in a different school/grade level for the remainder of the semester. Clinical interns who withdraw from the clinical internship will not be placed in a different school/grade level for the remainder of the semester.

Responsibilities and Procedures

Time Log

Clinical interns in the Synthesis Phase must keep an accurate record of days and hours on the **Time Log, found in Watermark™**. Directions for filling this out can be found in the Appendix of this handbook. This Log in Watermark™ should be updated daily/weekly, and it is the clinical intern's responsibility to maintain accurate records. Each log entry submitted can be approved/rejected by the clinical intern's cooperating teacher or university instructor.

USI Consent for Release of Information and Self-Disclosure Form

This form provides a comprehensive picture of any issues that the clinical intern has faced. A new application must be completed and submitted prior to beginning the clinical internship.

Clinical Intern Disposition Inventory

Professional dispositions are "the habits of professional action and moral commitments that underlie an educator's performance" (InTASC Model Core Teaching Standards, p. 6). Professional dispositions are fundamental to effective teaching. This assessment process helps ensure clinical interns develop the professional habits and ethical commitments necessary for success in the classroom and throughout their teaching career. These essential qualities shape how clinical interns interact with students, colleagues, and the school community during their clinical practice.

The complete Clinical Intern Disposition Inventory can be found in the Appendix for reference. During the clinical internship, the cooperating teacher will complete a midterm disposition inventory. Both the cooperating teacher and university supervisor will evaluate the clinical interns' professional dispositions using the same inventory at the end of the clinical internship. If three or more dispositions receive a "disagree" rating, a conference will be held with the Director of Clinical Internship, cooperating teacher, and university supervisor to discuss areas for

improvement and develop a Student Progress Review Plan, as needed. If necessary, the student may be directed to go through the student progress review process which includes meeting with the Student Affairs Committee for improvement or dismissal from the program. A Student Progress Review (SPR) meeting is required if the candidate is asked to leave his or her practicum placement for any reason or if the candidate is recorded as having dispositional issues that may affect his or her ability to teach any or all students.

Participation in Athletics and USI Sponsored Groups

The Teacher Education Department at USI works with clinical interns to ensure that they can be participating members of USI's athletic teams and other university sponsored groups while successfully completing the clinical internship. A clinical intern who will be a participating member of a USI athletic team or a USI sponsored group (choir, dance team, etc.) during the semester of the clinical internship must contact and meet with the Director of Clinical Internships in the Teacher Education Department by April 15 of the year prior to their clinical internship.

Tutoring During the Clinical Internship Semester

USI clinical interns may not be compensated for tutoring students who are enrolled at the school where they are assigned. USI clinical interns may be paid for tutoring students from other schools. However, a clinical intern cannot schedule paid tutoring during their required time at the school of placement nor during the EDUC 458 course.

Professional Development Requests

Requesting time away should be directed to the Director of Clinical Internships.

USI Substitute Teacher Program for Clinical Interns

School corporations who host USI clinical interns may choose to participate in the Substitute Teacher Program.

The Director of Clinical Internships will notify clinical interns if their school corporation is, or is not, participating in the Substitute Teacher Program.

The Substitute Teacher Program is optional. Clinical interns may decline any request to substitute. Clinical interns will not experience any negative consequences for declining a substitute teaching opportunity.

Clinical interns must maintain satisfactory performance and attendance to be eligible to participate in the Substitute Teacher Program.

The following individuals must approve of the clinical intern serving as a substitute teacher:

1. Principal of the school
2. Cooperating teacher of the intern
3. University supervisor of the intern
4. University Director of Clinical Internships
5. Clinical intern

If any of the individuals listed above (#1-4) deem a clinical intern's performance or attendance to be less than satisfactory, that individual is to contact the Director of Clinical Internships at the university. The Director will notify the clinical intern by email and explain why he/she cannot participate in the Substitute Teacher Program. The maximum number of days a clinical intern may substitute is 10 (ten) days in the clinical internship semester. Substitute teaching can only occur on or after October 1 in fall semester and on or after March 1 in spring semester.

The clinical intern:

- may only serve as a substitute teacher in the school where he/she is placed for the clinical internship.
- will work directly with the school principal/cooperating teacher to learn of substitute opportunities.
- must have a valid substitute permit for Indiana, or a substitute license for Illinois.
- will be paid the regular daily rate for substitute teaching.
- may not substitute on days when his/her university supervisor has scheduled a visit.
- must notify his/her university supervisor of substitute days in advance, as much as possible.
- will attend an orientation for substitute teachers, if required by the P12 school.

There must be a clear separation and documentation of when the USI student serves as a clinical intern and/or serves as a substitute teacher. Both the participating school and the clinical intern will keep written and/or electronic records of substitute teaching days. This documentation will be noted on the Time Log in Watermark.

Lesson Plans and the Planning Notebook

The Planning Notebook is a 3-ring binder that holds the lesson plans, the weekly reflections, the daily schedule, and other forms for the clinical internship. The Planning Notebook should be at school and available for the cooperating teacher and university supervisor to view. The university supervisor will check the Planning Notebook during each visit.

A. Lesson Plans

Adequate planning is closely tied to success in instruction and classroom management. Clinical interns must have written lesson plans in advance of teaching the lesson. All lesson plans must be kept in the Planning Notebook and must be available at all times to share with the cooperating teacher and the university supervisor. The lesson plans may be handwritten, or word processed. Even if the cooperating teacher does not write formal lesson plans, *the clinical intern must.*

Failure to write adequate and timely lesson plans is cause for dismissal from the clinical internship.

If the school dictates a specific lesson plan format, clinical interns should use that format. If a specific format is not required by the school, the clinical intern should use the USI Teacher Education Department lesson plan format. It is included in the Appendix.

How many lesson plans are needed each day? It depends on what the clinical intern is teaching. If four classes of pre-algebra and one class of geometry are taught each day, two written plans per day will be needed. On a block schedule, if the intern teaches two government classes on “A Day” and two government classes on “B Day,” only one lesson plan will be needed for all four government classes provided they are taught the same way.

For elementary teachers, the same applies concerning plans for each content area. Not all content areas will require the same kind of plans – a learning center might require a different kind of lesson plan than a whole group math lesson, for instance. Regardless, a written plan is needed for each lesson taught.

The daily plans should be shared with the cooperating teacher before each lesson is taught, and the university supervisor must see evidence of daily and long-range planning. The clinical intern must have written lesson plans available whenever a supervisor asks to see them. **Failure to meet these expectations for written lesson plans is cause for dismissal from the clinical internship.**

B. Planning Notebook

In addition to lesson plans, the planning notebook should include important forms such as the daily and weekly schedules, weekly reflections, and Schedule for Clinical Internships. The intern is responsible for providing a copy of the daily/weekly schedules to the university supervisor on or before the first triad meeting. The intern may photocopy the cooperating teacher’s schedule or use the sample schedule form in the Appendix. The form can be modified to accommodate the schedule.

C. Weekly Reflections

Clinical interns are required to write weekly reflections about the clinical internship experience. This is not a list of the schedule, but includes topics such as: What did I learn this week? What questions do I have? What did I handle well? What was I unprepared for this week? What was I surprised about this week? The writings should reflect the clinical intern’s growth and learning. These are read by the university supervisor and can become a point of discussion during the supervisor’s visit. The supervisor requires the reflections to be emailed each week. The reflections must be kept in the planning notebook.

Assessments

Instructions and log-in information for completing the assessments are emailed to cooperating teachers before the due dates. These assessments will be included in this handbook and will be provided to the cooperating teacher and the university supervisor. The clinical interns will find these documents on Blackboard®.

Midterm Assessments

–Synthesis Phase Midterm Assessment and the Disposition Inventory

The assessments completed by the cooperating teacher and university supervisor at midterm are very important. The university supervisor may also complete the SPMA and the Disposition Inventory. The clinical intern is made aware of areas of concern at midterm so that improvement can be made during the second half of the clinical internship. Each item on the SPMA will be rated as ***Ineffective, Proficient, or Advanced***. Each item on the Disposition Inventory will be rated as ***Disagree or Agree***. If there are more than 4 Ineffective ratings on the midterm assessment or more than 3 Disagrees on the Disposition Inventory, a conference will be held with the clinical intern, cooperating teacher, university supervisor, and Director of Clinical Internships. At this conference, a Student Progress Review Plan will be developed to address areas marked Ineffective on the mid-term assessment and any areas on the Disposition Inventory marked Disagree. Each of these areas will be discussed with the clinical intern, and he/she will be directed to document how each area is addressed in the remaining weeks of the clinical internship.

Final Assessments

– Synthesis Phase Assessment and the Disposition Inventory

The final assessments are completed by the cooperating teacher and the university supervisor at the end of the clinical internship. Each item on the SPA will be rated as ***Ineffective, Proficient, or Advanced***.

An overall ***Advanced*** rating is earned if a clinical intern does not have any ***Ineffective*** ratings and at least 50% of the items are marked ***Advanced***.

An overall ***Proficient*** rating is earned if a clinical intern has 80% of the items marked as ***Proficient*** or ***Advanced***.

An overall ***Ineffective*** rating is earned if a clinical intern has 20% or more items marked as ***Ineffective***.

Each item on the Disposition Inventory will be rated as ***Agree or Disagree***.

Co-Teaching Procedures

Co-Teaching at USI

All cooperating teachers, university supervisors, and clinical interns are required to complete co-teaching training.

Co-Teaching Strategies

In the co-teaching model used by USI, the clinical intern and the cooperating teacher will share the responsibility for planning curriculum, implementing instruction, and assessing student

learning. The cooperating teacher and clinical intern share the classroom duties as co-teachers throughout the experience. There will be times that the clinical intern solo teaches or is responsible for planning how the two teachers will be involved in presenting lessons. The cooperating teacher will determine what is most appropriate to ensure quality instruction and continuity for the P12 students in the classroom.

| Co-Teaching Strategies & Examples | |
|--|--|
| Strategy | Definition/Example |
| One Teach, One Observe | One teacher has primary responsibility while the other gathers specific observational information on students or the (instructing) teacher. The key to this strategy is to focus the observation – where the teacher doing the observation is observing specific behaviors. <u>Example:</u> One teacher can observe students for their understanding of directions while the other leads. |
| One Teach, One Assist | 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. <u>Example:</u> While one teacher has the instructional lead, the person assisting can be the “voice” for the students when they don’t understand or are having difficulties. |
| Station Teaching | The co-teaching pair divides the instructional content into parts – Each teacher instructs one of the groups, groups then rotate or spend a designated amount of time at each station – often an independent station will be used along with the teacher led stations. <u>Example:</u> One teacher might lead a station where the students play a money math game and the other teacher could have a mock store where the students purchase items and make change. |
| Parallel Teaching | Each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategy. The greatest benefit to this approach is the reduction of student to teacher ratio. <u>Example:</u> Both teachers are leading a question and answer discussion on specific current events and the impact they have on our economy. |
| Supplemental Teaching | This 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 retaught, extended or remediated. <u>Example:</u> One teacher may work with students who need re-teaching of a concept while the other teacher works with the rest of the students on enrichment. |

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| Alternative (Differentiated) | <p>Alternative teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students however the avenue for getting there is different.</p> <p><u>Example:</u> One instructor may lead a group in predicting prior to reading by looking at the cover of the book and the illustrations, etc. The other instructor accomplishes the same outcome but with his/her group, the students predict by connecting the items pulled out of the bag with the story.</p> |
| Team Teaching | <p>Well planned, team taught lessons, exhibit an invisible flow of instruction with no prescribed division of authority. Using a team teaching strategy, both teachers are actively involved in the lesson. From a students' perspective, there is no clearly defined leader – as both teachers share the instruction, are free to interject information, and available to assist students and answer questions.</p> <p><u>Example:</u> Both instructors can share the reading of a story or text so that the students are hearing two voices.</p> |

The strategies are not hierarchical – they can be used in any order and/or combined to best meet the needs of the students in the classroom.

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Clinical Internship Grade (EDUC 424, 431, 471, 473)

The final grade for the clinical internship course is satisfactory(S) or unsatisfactory(U) as determined collaboratively by the cooperating teacher, university supervisor, and Director of Clinical Internships. A final grade of unsatisfactory may be issued if an intern does not earn an overall proficient rating on the SPMA and the SPFA. The following items are considered when determining a final grade:

- Synthesis Phase Midterm Assessment completed by the cooperating teacher and university supervisor
- Synthesis Phase Final Assessment completed by the cooperating teacher and the university supervisor
- The Midterm Disposition Inventory and the Final Disposition Inventory completed by the cooperating teacher and the university supervisor
- Clinical intern's attendance

Clinical Internship Seminar Grade (EDUC 458)

The final grade for EDUC 458 is determined by the course instructor. An intern must earn a C or better to complete a teacher licensure program.

Clinical interns are required to complete a proprietary teacher performance assessment (edTPA®) in EDUC 458. However, the tasks are completed in the clinical internship placement.

State Licensing Tests

Prior to applying for an Indiana license, clinical interns are required to pass the pedagogy/content tests required by the state of Indiana (for the content areas that appear on the license). Clinical interns are not required to pass the licensure tests prior to the clinical internship or graduation.

Applying for a Teaching License

The criteria for licensing in Indiana include:

- Completion of degree requirements
- Passing scores on subject area and pedagogy licensing tests required by the state of Indiana
- All other licensure requirements can be found here: <https://www.usi.edu/science/teacher-education/advising-information-and-student-resources>

During EDUC 458 clinical interns will be provided with information on licensing procedures.

Clinical Intern Competencies

Synthesis Phase Competency Statements

Domain 1: Planning (Individual, Small Group, Whole Group)

1. **Uses Assessment Data to Plan Differentiated Instruction**
Consistently integrates multiple data sources to design differentiated, individualized lesson plans that address student needs.
2. **Develops Standards-Based, Objective-Driven Lesson Plans**
Creates precise, standards-aligned lesson plans with clear, measurable objectives that guide instructional decisions.
3. **Designs Aligned Assessments and Formative Checks**
Develops multiple, varied assessments and formative checks aligned to objectives to monitor and support student progress.
4. **Connects Instruction to Prior Learning**
Makes explicit, curriculum-wide connections to students' prior learning to enhance understanding.

5. Plans and Sequences Rigorous Instructional Strategies

Includes multiple, complementary instructional strategies in lesson plans to support diverse learners in achieving rigorous objectives.

6. Tracks and Analyzes Student Data for Instructional Decisions

Utilizes multiple methods to track and analyze student data continuously, adjusting plans to meet learning needs.

Domain 2: Instruction (Individual, Small Group, Whole Group)

7. Facilitates Student Mastery of Objectives

Clearly communicates, references, and connects objectives throughout instruction, making them relevant to student interests and real-world contexts.

8. Implements Activities Aligned with Objectives

Designs and facilitates activities precisely aligned to objectives to support mastery.

9. Checks for Understanding and Responds to Misunderstandings

Uses systematic, targeted checks for understanding and adjusts instruction in response to student needs.

10. Demonstrates and Communicates Deep Content Knowledge

Presents content accurately with depth, using precise academic vocabulary with clear, contextual explanations.

11. Engages All Students with Rigorous, Equitable Participation

Employs strategies that promote equitable participation, student-to-student academic interaction, and consistent engagement.

12. Uses Strategic Questioning for Higher-Level Thinking

Utilizes sophisticated questioning techniques that prompt analysis, synthesis, evaluation, and metacognition.

13. Implements Effective Pacing, Transitions, and Time Management

Adjusts pacing based on student understanding, manages seamless transitions, and maximizes instructional time.

14. Provides Feedback and Encourages Revision

Delivers targeted feedback that prompts self-assessment and fosters a culture of excellence and continuous improvement.

15. Differentiates and Modifies Instruction Strategically

Uses multiple targeted modification strategies to address diverse learning barriers within instruction.

16. Establishes and Maintains a Respectful, High-Expectations Environment

Creates a classroom culture of respect, clearly communicates high expectations, and consistently models professionalism.

Domain 3: Professionalism

17. **Engages in Professional Collaboration**

Actively collaborates with cooperating teachers, peers, and supervisors, seeking and applying feedback to improve practice.

18. **Reflects on Practice with Focus on Student Outcomes**

Engages in deep reflection, connecting instructional practices to student learning outcomes and setting improvement goals.

19. **Demonstrates Commitment to Professional Growth**

Seeks additional professional learning opportunities and applies educational research to inform practice.

20. **Builds Relationships with Families and School Community**

Proactively communicates and collaborates with families and engages with the school community to support student learning.

21. **Exemplifies Core Professionalism**

Demonstrates consistent attendance, punctuality, adherence to policies, and respectful, professional interactions with all stakeholders.

COOPERATING TEACHER

Policies, Responsibilities and Procedures

The cooperating teacher is considered a master teacher with a minimum of five years teaching experience. The cooperating teacher serves as a mentor, guide, and co-teacher in the clinical internship experience. The cooperating teacher must be:

- licensed in the subject area and grade level of the placement
- have received at least an effective rating on their most recent performance evaluation
- be approved to serve as a cooperating teacher by the building level administrator

Policies

Co-Teaching Responsibilities and Procedures

The Co-Teaching Model

Co-teaching enables two professionally-prepared adults to collaborate in the classroom, actively engaging students for extended periods of time. The co-teaching model allows clinical interns increased opportunities to get help when and how they need it. It affords teachers opportunities to incorporate co-teaching strategies, grouping and educating students in ways that are not possible with just one teacher. The co-teaching model may be implemented with any content at any grade level.

Co-teaching provides a comprehensive and rigorous experience for clinical interns, allows cooperating teachers the ability to remain actively involved, and enhances the quality of learning for P12 students.

“Co-teaching has the potential to positively and dramatically impact the academic achievement of learners throughout the United States and unequivocally change the face of teacher preparation and student teaching as we know it today.”

(The Academy for Co-Teaching & Collaboration. St. Cloud State University®)

Attendance

Absences

Attendance for the clinical internship is mandatory. Absences will be considered on an individual basis. The clinical internship may need to be extended at the end of the semester and even after graduation for excessive absences. There are ***no personal days*** for appointments or vacations. Absences for job interviews may be granted and must be approved by the cooperating teacher and the university supervisor. If an emergency prevents a clinical intern from attending school, the cooperating teacher and university supervisor must be contacted as soon as possible. This communication should occur before the beginning of the school day.

How sick is too sick to go to school? Interns must follow the health guidelines established for P12 students. Interns must stay away from school if they are suffering from vomiting, diarrhea, fever over 100 degrees, unexplained rashes, chicken pox, pink eye, impetigo, scabies, ringworm, or any type of contagious disease.

Clinical interns with children or other dependents must arrange for their care before the clinical internship semester begins. Clinical interns cannot miss the clinical internship because of a sick child at home.

Excessive absences could result in removal from the clinical internship experience, or the clinical intern may be required to add extra days to the clinical internship.

Tardiness

Clinical interns are expected to be punctual and follow the arrival policy for contracted full-time teachers. Repeated tardiness could result in removal from the clinical internship experience, or the clinical intern will be required to add extra days to the clinical internship.

Arrival and Departure

Clinical interns are required to be at school or online the same hours as the cooperating teacher. Clinical interns are encouraged to arrive early and stay late to ensure that they have adequate time for planning and preparation.

Faculty Meetings/Parent-Teacher Conferences/Professional Development

Clinical interns are required to attend any meetings that the cooperating teacher is required to attend. This includes PLCs, in-service training, before and after school faculty meetings, open houses, parent-teacher conferences, case conferences, etc. The only exception to this is if the cooperating teacher says that it would not be appropriate for the intern to attend a certain function.

Pregnancy/Surgery/Other Medical Conditions, etc.

If a clinical intern anticipates or experiences excessive absences due to pregnancy, surgery, or other medical conditions, the intern may be required to extend the clinical internship. In some instances, a grade of incomplete may be issued until the clinical internship is completed in its entirety.

Seminar Course

Attendance and participation in the seminar class are mandatory for clinical interns. Clinical interns cannot have any commitments that would interfere with this course, even if they are school related. Clinical interns must plan their schedule on Mondays to arrive at USI for the seminar course by 4:00 PM CT. The clinical intern may leave early to ensure he/she is in class by 4:00 PM CT.

Inclement Weather

Days when school is closed due to inclement weather do not count against the clinical intern. Clinical interns must attend make-up days or make-up times that are scheduled during the clinical internship assignment. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Calendar

Clinical interns will follow the calendar of the P12 school, not the USI calendar, for holidays and breaks. The schedule for the seminar course does not follow the calendar of P12 schools. Check with the instructor and the USI calendar for the seminar schedule. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Cell Phones

Cell phones should be in the off or mute position during school hours and during PLCs and Faculty Meetings. If a clinical intern anticipates a call during the school day or during a meeting due to an emergency, he/she should notify the cooperating teacher at the beginning of the day. At no time when clinical interns are in the presence of students should they be involved in texting, checking social media, or talking on a cell phone.

Communication with Clinical Intern

Clinical interns shall use a USI email account (not yahoo®, hotmail®, gmail®, etc.) when communicating with university supervisors, principals, cooperating teachers or other teaching

colleagues. This email account is the main source of communication between USI faculty, university supervisors, cooperating teachers, the Office of Clinical Experience and the clinical interns.

Etiquette

Clinical interns should address cooperating teachers, university supervisors, instructors, professors, and themselves by title and not simply by his or her first or last name. For example, Dr. Sheila Smith should not be addressed as Sheila or Smith. The appropriate salutation would always be Dr. Smith. This type of etiquette encompasses both face-to-face, written and/or electronic communication.

USI Professional Dress Code

Clinical interns are expected to dress professionally every day. The standards for a “business casual” wardrobe are a good reference point. An appropriate professional wardrobe is conservative, not trendy. Clinical interns must present a professional appearance to future employers, colleagues, parents, and P-12 students. The Teacher Education Department has a dress code for clinical interns in clinical internship. Clinical interns are **required** to follow this dress code whenever they visit a site for clinical placements. Clinical interns who violate the dress code are subject to a disposition alert which could lead to removal from the clinical internship. It is the cooperating teacher’s responsibility to communicate dress code issues to the university supervisor.

Clinical Internship Placement Termination Policy

When there is a problem with the clinical intern’s performance, attendance, and/or disposition, the situation will first be addressed by the university supervisor and cooperating teacher. If the problem continues or if it is more serious, the Director of Clinical Internships may suspend the clinical intern’s placement, and a Student Progress Review Plan may be developed. The cooperating teacher, the university supervisor, the clinical intern, and the Director of Clinical Internships will have a conference and develop a Student Progress Review Plan for the intern. The plan will be signed by the cooperating teacher, the university supervisor, the Director of Clinical Internships, and the clinical intern each receiving a signed copy of the plan. If all expectations are fulfilled, the intern will be allowed to continue. If not, the placement is terminated. The intern may withdraw from the clinical internship or receive an unsatisfactory grade.

If the clinical intern violates the USI Code of Conduct or any policies of the school to which he or she has been assigned, the USI Dean of Students will be involved in the decision about the clinical intern’s status.

A school district, principal, or relevant USI teacher education personnel may suspend or terminate a clinical internship for reasons that are deemed serious in nature. In such circumstances, no Student Progress Review Plan will be executed.

A clinical intern, whose placement is ended by the P12 site/school or the USI Office of Clinical Experience, will not be placed in a different site/school/grade level for the remainder of the semester.

A clinical intern who withdraws from the clinical internship or receives an unsatisfactory grade may submit a new clinical internship application following the current guidelines at the time of application. A clinical intern may be required to fulfill a period of remediation.

A clinical intern whose placement is ended by the P12 school, or the USI Office of Clinical Experience will not be placed in a different school/grade level for the remainder of the semester. Clinical interns who withdraw from the clinical internship will not be placed in a different school/grade level for the remainder of the semester.

Time Log

Clinical interns in the Synthesis Phase must keep an accurate record of days and hours on the **Time Log, found in Watermark™**. Directions for filling this out can be found in the Appendix of this handbook. This Log in Watermark™ should be updated daily/weekly, and it is the clinical intern's responsibility to maintain accurate records. Each log entry submitted can be approved/rejected by the clinical intern's cooperating teacher or university instructor.

Required Trainings

Cooperating teachers are required to complete the following trainings: Watermark System Training, which supports assessment and documentation processes; inter-rater reliability training for the Clinical intern Disposition Inventory to ensure consistent and fair evaluation of interns; and evidence-based Science of Reading training. Acceptable evidence of Science of Reading training may include completion of programs such as LETRS, Keys to Literacy, participation in professional development through the Indiana Learning Lab, district or school-sponsored literacy training, or earning a licensure literacy endorsement such as passing the ETS Praxis 5205.

Responsibilities and Procedures

Co-Teaching Responsibilities and Procedures

Co-Teaching at USI

All cooperating teachers, university supervisors, and clinical interns are required to complete co-teaching training.

Co-Teaching Strategies

In the co-teaching model used by USI, the clinical intern and the cooperating teacher will share the responsibility for planning curriculum, implementing instruction, and assessing student learning. The cooperating teacher and clinical intern share the classroom duties as co-teachers throughout the experience. There will be times that the clinical intern solo teaches or is responsible for planning how the two teachers will be involved in presenting lessons. The cooperating teacher will determine what is most appropriate to ensure quality instruction and continuity for the P12 students in the classroom.

| Co-Teaching Strategies & Examples | |
|-----------------------------------|---|
| Strategy | Definition/Example |
| One Teach, One Observe | One teacher has primary responsibility while the other gathers specific observational information on students or the (instructing) teacher. The key to this strategy is to focus the observation – where the teacher doing the observation is observing specific behaviors. <u>Example:</u> One teacher can observe students for their understanding of directions while the other leads. |
| One Teach, One Assist | 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. <u>Example:</u> While one teacher has the instructional lead, the person assisting can be the “voice” for the students when they don’t understand or are having difficulties. |
| Station Teaching | The co-teaching pair divides the instructional content into parts – Each teacher instructs one of the groups, groups then rotate or spend a designated amount of time at each station – often an independent station will be used along with the teacher led stations. <u>Example:</u> One teacher might lead a station where the students play a money math game and the other |

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| | teacher could have a mock store where the students purchase items and make change. |
| Parallel Teaching | Each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategy. The greatest benefit to this approach is the reduction of student to teacher ratio. <u>Example:</u> Both teachers are leading a question and answer discussion on specific current events and the impact they have on our economy. |
| Supplemental Teaching | This 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 retaught, extended or remediated. <u>Example:</u> One teacher may work with students who need re-teaching of a concept while the other teacher works with the rest of the students on enrichment. |
| Alternative (Differentiated) | Alternative teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students however the avenue for getting there is different. <u>Example:</u> One instructor may lead a group in predicting prior to reading by looking at the cover of the book and the illustrations, etc. The other instructor accomplishes the same outcome but with his/her group, the students predict by connecting the items pulled out of the bag with the story. |
| Team Teaching | Well planned, team taught lessons, exhibit an invisible flow of instruction with no prescribed division of authority. Using a team teaching strategy, both teachers are actively involved in the lesson. From a students' perspective, there is no clearly defined leader – as both teachers share the instruction, are free to interject information, and available to assist students and answer questions. <u>Example:</u> Both instructors can share the reading of a story or text so that the students are hearing two voices. |

The strategies are not hierarchical – they can be used in any order and/or combined to best meet the needs of the students in the classroom.

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Clinical Intern Competencies

Synthesis Phase Competency Statements

Domain 1: Planning (Individual, Small Group, Whole Group)

- 7. Uses Assessment Data to Plan Differentiated Instruction**
Consistently integrates multiple data sources to design differentiated, individualized lesson plans that address student needs.
- 8. Develops Standards-Based, Objective-Driven Lesson Plans**
Creates precise, standards-aligned lesson plans with clear, measurable objectives that guide instructional decisions.
- 9. Designs Aligned Assessments and Formative Checks**
Develops multiple, varied assessments and formative checks aligned to objectives to monitor and support student progress.
- 10. Connects Instruction to Prior Learning**
Makes explicit, curriculum-wide connections to students' prior learning to enhance understanding.
- 11. Plans and Sequences Rigorous Instructional Strategies**
Includes multiple, complementary instructional strategies in lesson plans to support diverse learners in achieving rigorous objectives.
- 12. Tracks and Analyzes Student Data for Instructional Decisions**
Utilizes multiple methods to track and analyze student data continuously, adjusting plans to meet learning needs.

Domain 2: Instruction (Individual, Small Group, Whole Group)

- 17. Facilitates Student Mastery of Objectives**
Clearly communicates, references, and connects objectives throughout instruction, making them relevant to student interests and real-world contexts.
- 18. Implements Activities Aligned with Objectives**
Designs and facilitates activities precisely aligned to objectives to support mastery.
- 19. Checks for Understanding and Responds to Misunderstandings**
Uses systematic, targeted checks for understanding and adjusts instruction in response to student needs.
- 20. Demonstrates and Communicates Deep Content Knowledge**
Presents content accurately with depth, using precise academic vocabulary with clear, contextual explanations.

- 21. Engages All Students with Rigorous, Equitable Participation**
Employs strategies that promote equitable participation, student-to-student academic interaction, and consistent engagement.
- 22. Uses Strategic Questioning for Higher-Level Thinking**
Utilizes sophisticated questioning techniques that prompt analysis, synthesis, evaluation, and metacognition.
- 23. Implements Effective Pacing, Transitions, and Time Management**
Adjusts pacing based on student understanding, manages seamless transitions, and maximizes instructional time.
- 24. Provides Feedback and Encourages Revision**
Delivers targeted feedback that prompts self-assessment and fosters a culture of excellence and continuous improvement.
- 25. Differentiates and Modifies Instruction Strategically**
Uses multiple targeted modification strategies to address diverse learning barriers within instruction.
- 26. Establishes and Maintains a Respectful, High-Expectations Environment**
Creates a classroom culture of respect, clearly communicates high expectations, and consistently models professionalism.

Domain 3: Professionalism

- 22. Engages in Professional Collaboration**
Actively collaborates with cooperating teachers, peers, and supervisors, seeking and applying feedback to improve practice.
- 23. Reflects on Practice with Focus on Student Outcomes**
Engages in deep reflection, connecting instructional practices to student learning outcomes and setting improvement goals.
- 24. Demonstrates Commitment to Professional Growth**
Seeks additional professional learning opportunities and applies educational research to inform practice.
- 25. Builds Relationships with Families and School Community**
Proactively communicates and collaborates with families and engages with the school community to support student learning.
- 26. Exemplifies Core Professionalism**
Demonstrates consistent attendance, punctuality, adherence to policies, and respectful, professional interactions with all stakeholders.

Cooperating Teacher Quick-Check

- Approves/Rejects Time Log Entries
- Midterm Disposition Inventory—uploaded to Watermark™
- Synthesis Phase Midterm Assessment—uploaded to Watermark™
- Final Disposition Inventory—uploaded to Watermark™

- Synthesis Phase Final Assessment-- uploaded to Watermark™
- Completes Qualifying Credentials/Mentor Profile – emailed from the Director of Clinical Internships

UNIVERSITY SUPERVISOR

Policies, Responsibilities and Procedures

The university supervisor is the liaison between the clinical intern, the cooperating teacher and the USI Teacher Education Department. The university supervisor will set up a “triad” meeting with the clinical intern and the cooperating teacher early in the experience. The university supervisor will observe the clinical intern’s classroom a minimum of five times. Some visits will be scheduled; some may be unannounced. Observations will include four in person and one virtual utilizing GoReact®. All observations will be followed with formal feedback meetings.

Policies

Co-Teaching Responsibilities and Procedures

University of Southern Indiana Co-Teaching Policy Summary for University Supervisors

The University of Southern Indiana has adopted the **Co-Teaching Model** as a required practice for all clinical internships. This model pairs the clinical intern and cooperating teacher as instructional partners who co-plan, co-instruct, and co-assess to enhance student learning and teacher preparation.

As a university supervisor, you are expected to **model and coach effective co-teaching strategies** throughout the internship. This includes supporting collaborative planning, encouraging a gradual release of responsibility, facilitating reflective conversations, and providing targeted feedback.

Co-teaching is not optional—it is a foundational component of USI’s clinical experience model. Your guidance ensures that interns, cooperating teachers, and P-12 students all benefit from this collaborative, high-impact approach to teaching and learning.

Co-Teaching Strategies

| Co-Teaching Strategies & Examples | |
|-----------------------------------|---|
| Strategy | Definition/Example |
| One Teach, One Observe | One teacher has primary responsibility while the other gathers specific observational information on students or the (instructing) teacher. The key to this strategy is |

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| | <p>to focus the observation – where the teacher doing the observation is observing specific behaviors.</p> <p>Example: One teacher can observe students for their understanding of directions while the other leads.</p> |
| One Teach, One Assist | <p>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.</p> <p>Example: While one teacher has the instructional lead, the person assisting can be the “voice” for the students when they don’t understand or are having difficulties.</p> |
| Station Teaching | <p>The co-teaching pair divides the instructional content into parts – Each teacher instructs one of the groups, groups then rotate or spend a designated amount of time at each station – often an independent station will be used along with the teacher led stations.</p> <p>Example: One teacher might lead a station where the students play a money math game and the other teacher could have a mock store where the students purchase items and make change.</p> |
| Parallel Teaching | <p>Each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategy. The greatest benefit to this approach is the reduction of student to teacher ratio.</p> <p>Example: Both teachers are leading a question and answer discussion on specific current events and the impact they have on our economy.</p> |
| Supplemental Teaching | <p>This 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 retaught, extended or remediated.</p> <p>Example: One teacher may work with students who need re-teaching of a concept while the other teacher works with the rest of the students on enrichment.</p> |
| Alternative (Differentiated) | <p>Alternative teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students however the avenue for getting there is different.</p> <p>Example: One instructor may lead a group in predicting prior to reading by looking at the cover of the book and the illustrations, etc. The other instructor accomplishes the same outcome but with his/her group, the students predict by connecting the items pulled out of the bag with the story.</p> |
| Team Teaching | <p>Well planned, team taught lessons, exhibit an invisible flow of instruction with no prescribed division of authority. Using a team teaching strategy, both teachers are actively involved in the lesson.</p> |

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Attendance

Absences

Attendance for the clinical internship is mandatory. Absences will be considered on an individual basis. The clinical internship may need to be extended at the end of the semester and even after graduation for excessive absences. There are ***no personal days*** for appointments or vacations. Absences for job interviews may be granted and must be approved by the cooperating teacher and the university supervisor. If an emergency prevents a clinical intern from attending school, the cooperating teacher and university supervisor must be contacted as soon as possible. This communication should occur before the beginning of the school day.

How sick is too sick to go to school? Interns must follow the health guidelines established for P12 students. Interns must stay away from school if they are suffering from vomiting, diarrhea, fever over 100 degrees, unexplained rashes, chicken pox, pink eye, impetigo, scabies, ringworm, or any type of contagious disease.

Clinical interns with children or other dependents must arrange for their care before the clinical internship semester begins. Clinical interns cannot miss the clinical internship because of a sick child at home.

Excessive absences could result in removal from the clinical internship experience, or the clinical intern may be required to add extra days to the clinical internship.

Tardiness

Clinical interns are expected to be punctual and follow the arrival policy for contracted full-time teachers. Repeated tardiness could result in removal from the clinical internship experience, or the clinical intern will be required to add extra days to the clinical internship.

Arrival and Departure

Clinical interns are required to be at school or online the same hours as the cooperating teacher. Clinical interns are encouraged to arrive early and stay late to ensure that they have adequate time for planning and preparation.

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Attendance and participation in the seminar class are mandatory for clinical interns. Clinical interns cannot have any commitments that would interfere with this course, even if they are school related. Clinical interns must plan their schedule on Mondays to arrive at USI for the seminar course by 4:00 PM CT. The clinical intern may leave early to ensure he/she is in class by 4:00 PM CT.

Inclement Weather

Days when school is closed due to inclement weather do not count against the clinical intern. Clinical interns must attend make-up days or make-up times that are scheduled during the clinical internship assignment. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Calendar

Clinical interns will follow the calendar of the P12 school, not the USI calendar, for holidays and breaks. The schedule for the seminar course does not follow the calendar of P12 schools. Check with the instructor and the USI calendar for the seminar schedule. The Time Log should indicate any scheduled days that are missed as a result of the day the school is closed.

Cell Phones

Cell phones should be in the off or mute position during school hours and during PLCs and Faculty Meetings. If a clinical intern anticipates a call during the school day or during a meeting due to an emergency, he/she should notify the cooperating teacher at the beginning of the day. At no time when clinical interns are in the presence of students should they be involved in texting, checking social media, or talking on a cell phone.

Communication with Clinical Intern

Clinical interns shall use a USI email account (not yahoo®, hotmail®, gmail®, etc.) when communicating with university supervisors, principals, cooperating teachers or other teaching

colleagues. This email account is the main source of communication between USI faculty, university supervisors, cooperating teachers, the Office of Clinical Experience and the clinical interns.

Etiquette

Clinical interns should address cooperating teachers, university supervisors, instructors, professors, and themselves by title and not simply by his or her first or last name. For example, Dr. Sheila Smith should not be addressed as Sheila or Smith. The appropriate salutation would always be Dr. Smith. This type of etiquette encompasses both face-to-face, written and/or electronic communication.

USI Professional Dress Code

Clinical interns are expected to dress professionally every day. The standards for a “business casual” wardrobe are a good reference point. An appropriate professional wardrobe is conservative, not trendy. Clinical interns must present a professional appearance to future employers, colleagues, parents, and P-12 students. The Teacher Education Department has a dress code for clinical interns in clinical internship. Clinical interns are **required** to follow this dress code whenever they visit a site for clinical placements. Clinical interns who violate the dress code are subject to a disposition alert which could lead to removal from the clinical internship. It is the cooperating teacher’s responsibility to communicate dress code issues to the university supervisor.

Clinical Internship Placement Termination Policy

When there is a problem with the clinical intern’s performance, attendance, and/or disposition, the situation will first be addressed by the university supervisor and cooperating teacher. If the problem continues or if it is more serious, the Director of Clinical Internships may suspend the clinical intern’s placement, and a Student Progress Review Plan may be developed. The cooperating teacher, the university supervisor, the clinical intern, and the Director of Clinical Internships will have a conference and develop a Student Progress Review Plan for the intern. The plan will be signed by the cooperating teacher, the university supervisor, the Director of Clinical Internships, and the clinical intern each receiving a signed copy of the plan. If all expectations are fulfilled, the intern will be allowed to continue. If not, the placement is terminated. The intern may withdraw from the clinical internship or receive an unsatisfactory grade.

If the clinical intern violates the USI Code of Conduct or any policies of the school to which he or she has been assigned, the USI Dean of Students will be involved in the decision about the clinical intern’s status.

A school district, principal, or relevant USI teacher education personnel may suspend or terminate a clinical internship for reasons that are deemed serious in nature. In such circumstances, no Student Progress Review Plan will be executed.

A clinical intern, whose placement is ended by the P12 site/school or the USI Office of Clinical Experience, will not be placed in a different site/school/grade level for the remainder of the semester.

A clinical intern who withdraws from the clinical internship or receives an unsatisfactory grade may submit a new clinical internship application following the current guidelines at the time of application. A clinical intern may be required to fulfill a period of remediation.

A clinical intern whose placement is ended by the P12 school, or the USI Office of Clinical Experience will not be placed in a different school/grade level for the remainder of the semester. Clinical interns who withdraw from the clinical internship will not be placed in a different school/grade level for the remainder of the semester.

Time Log

Clinical interns in the Synthesis Phase must keep an accurate record of days and hours on the **Time Log, found in Watermark™**. Directions for filling this out can be found in the Appendix of this handbook. This Log in Watermark™ should be updated daily/weekly, and it is the clinical intern's responsibility to maintain accurate records. Each log entry submitted can be approved/rejected by the clinical intern's cooperating teacher or university instructor.

Required Trainings

Cooperating teachers are required to complete the following trainings: Watermark System Training, which supports assessment and documentation processes; training for the clinical intern Disposition Inventory to ensure consistent and fair evaluation of interns; and evidence-based Science of Reading training. Acceptable evidence of Science of Reading training may include completion of programs such as LETRS, Keys to Literacy, participation in professional development through the Indiana Learning Lab, district or school-sponsored literacy training, or earning a licensure literacy endorsement such as passing the ETS Praxis 5205.

University Supervisor Responsibilities and Procedures

Scheduling of Visits

There will be a minimum of 5 in-person visits:

- The first visit is a triad meeting with the cooperating teacher(s) and the clinical intern; this should be scheduled during the first week of the clinical internship. The purpose of this meeting is to establish a method of communication with the cooperating teacher, a time for observations, and a discussion of the required assessments.
- The university supervisor will schedule a minimum of five observations during the 16 weeks, (four observations in person, and one observation virtual using GoReact®).

The Formative Observation Feedback Forms will be used for observation visits and recorded feedback with the clinical intern. The university supervisor will also arrange a midterm conference and/or a final meeting with the cooperating teacher(s) and clinical intern (if needed). More than five observations may be needed for clinical interns who have midterm assessments with 20% or more of the items marked as “Ineffective”.

Visits (Virtual or In-Person)

The university supervisor will check the clinical intern’s Planning Notebook at each visit. The university supervisor will observe the intern for a minimum of 45 minutes, or the length of an instructional period, and complete a Formative Observation Feedback Form. The observation may take place during small group or whole group instruction. Observation Form Reports from each visit will be entered into Watermark. The clinical intern and the cooperating teacher will have access to observation and feedback forms. When possible, the university supervisor will conference with the clinical and the cooperating teacher before or after each visit. Every effort should be made to minimize disruption to the cooperating teacher’s time.

Planning Notebook

The university supervisor will check the clinical intern’s Planning Notebook at each visit. The Planning Notebook should include the following information:

- Daily written lesson plans for content area subjects in advance of **teaching**
- Clinical internship forms – Daily schedule, etc.
- Weekly Reflections

Review of Midterm Assessments and Disposition Inventory

If there are more than 2 Ineffective ratings on the midterm assessment or more than 3 Disagrees or Strongly Disagrees on the Disposition Inventory, a conference will be held with the clinical intern, cooperating teacher, university supervisor, and Director of Clinical Internships. At this conference, a Student Progress Review Plan will be developed to address areas marked Ineffective on the mid-term assessment and any areas on the Disposition Inventory marked Disagree or Strongly Disagree. Each of these areas will be discussed with the clinical intern, and he/she will be directed to document how each area is addressed in the remaining weeks of the clinical internship.

Completion of Final Assessment and Disposition Inventory

The cooperating teacher may collaborate with the university supervisor in completing the Clinical intern Final Assessment and the Disposition Inventory. The university supervisor may be required to complete the Synthesis Phase Midterm Assessment (SPMA), Synthesis Phase Final Assessment (SPFA), and the Disposition Inventory for an intern. The university supervisor notifies the Director of Clinical Internships of any clinical intern receiving an overall ***Ineffective*** rating or who receives more than 3 ***Disagree*** or ***Strongly Disagree*** ratings on the Disposition Inventory.

Extended Absences

University Supervisors should contact the Director of Clinical Internships prior to any planned or emergency related absences.

University Supervisor Overview: Modeling and Coaching the Co-Teaching Model

As a university supervisor, you play a critical role in helping clinical interns and cooperating teachers successfully implement the co-teaching model. This model promotes active collaboration between two professionals—clinical interns and cooperating teachers—working together to deliver high-quality instruction. Your role includes guiding, modeling, and coaching both partners to ensure the co-teaching strategies are used effectively to enhance P-12 student learning and provide a meaningful teacher preparation experience.

Purpose of Co-Teaching:

The co-teaching model:

- Engages *two professionally prepared adults* to plan, instruct, and assess students together.
- Enhances instructional quality and student engagement through strategic grouping and shared teaching responsibilities.
- Increases support and timely feedback for clinical interns.
- Allows cooperating teachers to remain actively involved in instruction and mentoring.
- Is adaptable to *any content area* and *grade level*.

Your Role as University Supervisor:

To support effective co-teaching, you should:

1. Model Co-Teaching Best Practices

- a. Demonstrate and explain various co-teaching strategies during observations or support meetings (e.g., one teach/one assist, station teaching, parallel teaching).
- b. Reinforce shared responsibility in planning, instruction, and reflection.

2. Coach for Collaborative Planning

- a. Encourage intentional co-planning between the clinical intern and cooperating teacher.
- b. Guide conversations around aligning content, roles, and responsibilities.
- c. Ensure planning reflects shared goals and builds on each educator's strengths.

3. Facilitate Reflection and Feedback

- a. Lead debrief discussions after lessons, prompting reflection on co-teaching roles, student engagement, and learning outcomes.
 - b. Offer feedback that highlights effective collaboration and areas for growth.
- 4. Support Role Gradual Release**
 - a. Help the team move from supportive roles (e.g., one teach/one assist) toward more balanced models (e.g., team teaching or parallel teaching) as the intern builds confidence and capacity.
- 5. Monitor Implementation and Impact**
 - a. Observe how co-teaching strategies impact classroom culture and student learning.
 - b. Document strengths and challenges and provide targeted guidance based on what you observe.

Impact of Co-Teaching:

“Co-teaching has the potential to positively and dramatically impact the academic achievement of learners throughout the United States and unequivocally change the face of teacher preparation and student teaching as we know it today.”

— *The Academy for Co-Teaching & Collaboration, St. Cloud State University*

By modeling and coaching co-teaching strategies, you help prepare clinical interns for real-world collaboration, improve the P-12 learning experience, and contribute to transforming the teacher preparation process.

University Supervisor Quick-Check

- 5 Formative Observation Feedback Forms—these will be uploaded to Watermark™
- Clinical Experiences Progression Log (CEPL) - uploaded to Watermark™
- Synthesis Phase Midterm Assessment—uploaded to Watermark™
- Final Disposition Inventory—uploaded to Watermark™
- Synthesis Phase Final Assessment-- uploaded to Watermark™
- Mileage Report – submit on Chrome River/Emburse® at the end of each month
- Completes Qualifying Credentials/Mentor Profile – emailed from the Director of Clinical Internships

Director of Clinical Internships

Ms. Lisa Bartley serves as the Director of Clinical Internships. She can be reached at lbartley@usi.edu. In collaboration with districts where USI has a Clinical Education Agreement, clinical internship placements are made by the Director of Clinical Internships. USI

clinical interns should never contact a district regarding the clinical internship placement. The **Director of Clinical Internships** provides essential support throughout the clinical internship experience by:

- Advising and guiding interns, cooperating teachers, and university supervisors through the clinical internship
- Maintaining open communication with all stakeholders (interns, faculty, university supervisors, cooperating teachers, and school partners)
- Assisting with any issues, conflicts, or questions that arise during the internship
- Overseeing placement logistics
- Serving as a liaison between USI and schools to ensure a successful partnership

Checklists

Clinical Intern Checklist

BEFORE PLACEMENT BEGINS

- **Background Check**
 - Must be current and on file with the Office of Clinical Experiences
- **Consent and Disclosure and Clinical Internship Handbook Signature**
Page completed and submitted

DURING PLACEMENT

- ☐ **Weekly Reflections of Clinical Experiences**
 - Keep in Planning Notebook
- ☐ **Lesson Plans**
 - Aligned with IDOE standards and reviewed by the cooperating teacher.
 - Submit in advance of teaching.
- ☐ **Observation Forms (3 total minimum)**
 - Conducted by university supervisor.
 - *Due:* Spaced evenly throughout placement (Weeks 3–5, 7–9, 11–13).
- ☐ **Midterm Evaluation**
 - Completed collaboratively by cooperating teacher and university supervisor.
 - *Due:* Around Week 7–8.
- ☐ **Co-Teaching Implementation Log**
 - Log weekly strategies used (e.g., One Teach–One Assist, Station Teaching).
 - *Due:* Ongoing; submit full log by Week 15.

END OF PLACEMENT

- ☐ **Final Evaluation (Summative)**
 - Completed by cooperating teacher and university supervisor.
 - *Due:* Final week of placement.
- ☐ **Disposition Assessment**
 - Evaluates professionalism, collaboration, and reflective practice.
 - *Due:* Final week of placement.
- ☐ **Time Log**
 - Documented hours signed by cooperating teacher.
 - *Minimum:* 16 weeks, full-time.
 - *Due:* Final week of placement.
- ☐ **Exit Survey**
 - Complete survey provided by the Office of Clinical Experiences.
 - *Due:* Last day of placement.

ONGOING RESPONSIBILITIES

- ☐ Maintain professional conduct and attendance.
- ☐ Collaborate regularly with your cooperating teacher.
- ☐ Participate in co-planning and co-teaching activities.
- ☐ Attend all scheduled university seminars or meetings.
- ☐ Communicate with your university supervisor for feedback and support

USI Cooperating Teacher Checklist

Eligibility Requirements

- ☐ Licensed in the subject area and grade level of placement
- ☐ Minimum of five years of teaching experience
- ☐ Rated at least *Effective* on most recent performance evaluation
- ☐ Approved by the building-level administrator to serve as a cooperating teacher

Required Trainings

- ☐ Completed **Watermark™ System** training
- ☐ Completed **Science of Reading** training (e.g., LETRS, Keys to Literacy, Indiana Learning Lab, Praxis 5205)

- ☐ Completed **USI Co-Teaching Training**

Co-Teaching Responsibilities

- ☐ Collaborate with intern on lesson planning, instruction, and assessment
- ☐ Implement co-teaching models as appropriate:
 - ☐ One Teach, One Observe
 - ☐ One Teach, One Assist
 - ☐ Station Teaching
 - ☐ Parallel Teaching
 - ☐ Supplemental Teaching
 - ☐ Alternative (Differentiated) Teaching
 - ☐ Team Teaching
- ☐ Provide ongoing feedback and mentoring
- ☐ Ensure intern progresses to solo-teaching and lead-teaching experiences as appropriate
- ☐ Approve and monitor intern's instructional decisions for quality and alignment

Mentorship and Supervision

- ☐ Support intern in planning standards-based, differentiated lessons
- ☐ Provide feedback on instruction, classroom management, and professionalism
- ☐ Monitor intern's use of data to inform instruction
- ☐ Encourage reflection and professional growth
- ☐ Model effective family and school communication

Monitoring Attendance and Conduct

- ☐ Report excessive absences or tardiness to the university supervisor
- ☐ Communicate any violations of the dress code or professional etiquette
- ☐ Ensure intern follows school and USI policies on illness, emergencies, and inclement weather
- ☐ Verify intern's hours in **Watermark™ Time Log** weekly

Professional Participation

- ☐ Involve intern in school functions (PLCs, IEP meetings, PDs, etc.) when appropriate
- ☐ Include intern in daily teacher duties and planning
- ☐ Support intern's preparation for and attendance at USI seminar classes (Mondays at 4:00 PM CT)

Communication & Evaluation

- ☐ Use intern's **USI email** for all formal communication
- ☐ Maintain professional, respectful interactions
- ☐ Complete and upload the following to Watermark™:
 - Midterm Disposition Inventory
 - Synthesis Phase Midterm Assessment
 - Final Disposition Inventory
 - Synthesis Phase Final Assessment

If Concerns Arise

- ☐ Document any concerns related to performance, attendance, or professionalism
- ☐ Collaborate with the university supervisor to address issues
- ☐ Participate in development of a **Student Progress Review Plan** if needed
- ☐ Notify university supervisor of any conduct violations or placement concerns

University Supervisor Checklist

Orientation & Initial Setup

- ☐ Schedule and conduct **Triad Meeting** (Week 1) with cooperating teacher and clinical intern
 - Establish communication expectations
 - Review observation and feedback schedule
 - Discuss co-teaching implementation and expectations
 - Confirm Planning Notebook contents and expectations

Required Observations and Documentation

- ☐ Conduct a **minimum of 5 observations**:
 - 4 **in-person** observations
 - 1 **virtual** observation via **GoReact®**
- ☐ Complete and upload to **Watermark™**:
 - 5 **Formative Observation Forms**
 - 5 **Feedback Forms**
- ☐ Observe **minimum 45 minutes** per visit or full instructional period
- ☐ Review **Planning Notebook** at each visit:
 - Daily lesson plans
 - Clinical internship forms

- Weekly reflections

Assessment and Evaluation

- ☐ Conduct **Midterm Assessment** and upload to Watermark™:
 - Synthesis Phase Midterm Assessment
 - Midterm Disposition Inventory
- ☐ If needed: Coordinate **conference with Director** if:
 - More than 2 “Ineffective” ratings on midterm
 - More than 3 “Disagree”/“Strongly Disagree” on Disposition Inventory
- ☐ Support and document a **Student Progress Review Plan**, if required
- ☐ Conduct and upload **Final Assessments**:
 - Synthesis Phase Final Assessment
 - Final Disposition Inventory
- ☐ Notify Director if clinical intern receives:
 - Overall “Ineffective” rating
 - More than 3 negative Disposition Inventory ratings

Co-Teaching Coaching Responsibilities

- ☐ Model and support **Co-Teaching Best Practices**:
 - One Teach, One Observe
 - One Teach, One Assist
 - Station Teaching
 - Parallel Teaching
 - Supplemental Teaching
 - Alternative (Differentiated) Teaching
 - Team Teaching
- ☐ Coach the **gradual release of responsibility**
- ☐ Encourage intentional co-planning and shared instruction
- ☐ Facilitate **post-observation reflection** with intern and cooperating teacher
- ☐ Provide **constructive, specific feedback** on collaboration, instruction, and student outcomes

Communication & Professionalism

- ☐ Maintain open, respectful, and prompt communication with:
 - Clinical intern (via USI email)
 - Cooperating teacher
 - Director of Clinical Internships (as needed)

- ☐ Monitor for:
 - Attendance and punctuality concerns
 - Dress code violations
 - Unprofessional behavior or communication
- ☐ Address concerns promptly with documentation and follow-up

Additional Responsibilities

- ☐ Support intern with seminar attendance planning (Mondays at 4:00 PM CT)
- ☐ Assist in monitoring intern's **Watermark™ Time Log** submissions
- ☐ Submit **mileage reports** monthly via Chrome River/Emburse®

In Case of Concerns or Emergencies

- ☐ Notify Director of Clinical Internships of:
 - Extended absences (planned or emergency)
 - Placement disruptions
 - Policy or conduct violations
- ☐ Participate in:
 - Conferences regarding remediation or placement concerns
 - Documentation and follow-up plan when necessary

Handbook Disclaimer: Preliminary Version Notification

This edition of the **Clinical Internship Handbook** is considered a **preliminary version** and is being shared for planning and informational purposes only. It is not the final, binding version of the document.

The **final version of the Clinical Internship Handbook** will be reviewed, approved, and distributed by the Office of Clinical Experiences. Once finalized, the final version will supersede

all previous drafts or versions. All teacher candidates, mentor teachers, and university instructors will be expected to adhere to the final published version once it is released.

Any policies, procedures, or expectations outlined in this preliminary handbook are subject to change, clarification, or revision prior to final publication. The University reserves the right to make such changes as deemed necessary to remain compliant with institutional policy, professional/personal liability, accreditation standards, or state and federal law.

Questions or concerns regarding content in the preliminary version should be directed to the **Director of Clinical Experiences**.

Appendix

Qualifying Credentials/Mentor Profile

[Link HERE](#)


Clinical Experience Time Log Instructions

[—Link Here](#)

Watermark™ Instructional Handbook

[—Link Here](#)

Lesson Plan Template

|  USI Lesson Plan Template | | | |
|--|--|--|--|
| Teacher Candidate Name | | Date or Lesson # | |
| Subject | | Grade Level | |
| List state academic content standards (include number and text) and underline discipline content to be learned IDOE Standards page | | Learning objectives aligned to unpacked content standards (must be specific and measurable using your identified assessment) | |
| 1. | | | |
| 2. | | | |

| | |
|---|---|
| Assessment | List the assessment and if it is formative or summative. Describe evaluation criteria, including plans to provide feedback to students and to guide instruction. If only formative, list when summative assessment occurs in lesson segment that assesses the content objectives of the lesson (e.g., unit quiz after lesson 4). |
| Purposeful Instructional Strategies | Describe targeted supports (instructional strategies) used to teach content and how they are relevant to the topic(s) in this lesson. |
| Time Frame | List in intervals each step of the lesson (e.g., 0-5 minutes, 6-15 minutes, etc.) |
| Learning Task: Introduction | List in numerical steps (with narrative support) the positive procedures getting students' attention, exploring their misconceptions/preconceptions in a positive way, connecting to previous lesson(s), and/or for relating the lesson to the culture of students. <i>NOTE: It is recognized that you might not do all of these in each lesson.</i> |
| Learning Task: Lesson Body | List in numerical steps (with narrative support) instructional strategies, learning tasks, and/or activities to be used. The learning plan should be detailed enough for a substitute teacher to follow. |
| Learning Task: Closure | Describe the procedure for reviewing the lesson content (looking for misconceptions and content learning) and previewing the next lesson. |
| Differentiation, Accommodations, or Modifications to Planned Instructional Supports and Assessments | <p>List instructional strategies, planned supports, and assessments that you plan to employ meet the needs of students (individual and groups) in order for each student to demonstrate content learning and movement towards mastery? <i>NOTE: It is recognized that you might not do all of these in each lesson.</i></p> <p>Examples include students with IEPs or 504 plans, English language learners, struggling readers, underperforming students, students with gaps in academic knowledge, and/or gifted students)</p> |
| Instructional Resources and Materials | List resources and materials needed to teach lesson. |
| Research or Theoretical Base | List researched-based framework for the curriculum and/or teaching strategies in learning plan. |
| Citations for All Materials | List citations including teacher-made materials. |

Teacher Candidate Disposition Inventory

Professional Dispositions are defined as “the habits of professional action and moral commitments that underlie an educator’s performance” (InTASC Model Core Teaching Standards, p. 6).

The following professional dispositions have been adopted by the Teacher Education Department at the University of Southern Indiana and are aligned to the Council for the Accreditation of Educator Preparation (CAEP) Standard R1. The Teacher Education Department has determined that the following dispositions are essential for an effective teacher.

Teacher candidates are rated with respect to their adherence to the exhibited competencies or their deviation from them.

Rating Responses

- **Agree** (optional comment) - The teacher candidate consistently exhibits components of this disposition.
- **Disagree** (required comment) – The teacher candidate seldom exhibits components of this disposition.
- **Not Observed** (optional comment) – The teacher candidate has not had the opportunity to exhibit the components of this disposition.

Please remember that teacher candidates are rated with respect to their level of acceptable behavior or their deviation from it. A rating of ***Not Observed*** would be chosen for a student who has not had an opportunity to exhibit that behavior. Therefore, no positive or negative rating can be assigned to that disposition. If a rating of ***Disagree*** would be chosen for a student, a comment is required explaining why this rating was chosen. This inventory is aligned to the Council for the Accreditation of Educator Preparation (CAEP) Standard R1. An overall rating of agree or higher is expected. Candidates who do not meet the expectations for this assignment must meet with the instructor to develop a professional growth plan and the practicum could be extended one semester.

Rating Responses

- Agree [optional comment]
- Disagree [required comment]
- Not Observed [optional comment]

The teacher candidate demonstrates a commitment to the teaching profession and adheres to continuous development as a professional. The teacher candidate:

1. Demonstrates high expectations for self and P-12 students. **InTASC Standard 1: Learner Development**
2. Demonstrates patience and compassion by providing appropriate wait time for student responses and offering positive reinforcement to P-12 students experiencing difficulty during the learning process. **InTASC Standard 2: Learning Differences**
3. Communicates respectfully and responsively in diverse environments without imposing personal or cultural values. **InTASC Standard 3: Learning Environments**
4. Actively seeks out new information and innovative, evidence-based teaching strategies. **InTASC Standard 4: Content Knowledge**
5. Demonstrates the ability to maintain cognitive capacity (attention, focus, memory, and processing speed needed to understand complex information) in university and P-12 classrooms. **InTASC Standard 4: Content Knowledge**
6. Analyzes, synthesizes, integrates concepts, and problem-solves to formulate assessment and educational judgments. **InTASC Standard 5: Application of Content**
7. Demonstrates the ability to work with frequent interruptions, to respond appropriately to unexpected situations, and to be flexible in rapidly changing circumstances. This includes demonstrating flexibility during the learning process. **InTASC Standard 7: Planning for Instruction**
8. Organizes time and materials, prioritizes tasks, performs several tasks at once, and adapts to changing situations and environments. **InTASC Standard 7: Planning for Instruction**

9. Demonstrates appropriate use of technology during meetings, classes, and clinical experiences. **InTASC Standard 8: Instructional Strategies**
10. Demonstrates an awareness of appropriate social boundaries between P-12 students and educators and adheres to those boundaries. **InTASC Standard 9: Professional Learning and Ethical Practice**
11. Thinks analytically about educational issues and reflects thoughtfully on their practices. **InTASC Standard 9: Professional Learning and Ethical Practice**
12. Demonstrates compliance with federal and state laws and all USI handbook policies. **InTASC Standard 9: Professional Learning and Ethical Practice**
13. Adheres to USI's academic integrity policy. **InTASC Standard 9: Professional Learning and Ethical Practice**
14. Expresses themselves effectively in written and oral English to communicate concepts, assignments, evaluations, and expectations with members of the learning community, such as Teacher Education faculty, P-12 students, parents, administrators, and other school and community personnel. **InTASC Standard 9: Professional Learning and Ethical Practice**
15. Maintains P-12 student confidentiality, disclosing information only for professional purposes or as legally required by law. **InTASC Standard 9: Professional Learning and Ethical Practice**
16. Demonstrates a calm demeanor and effective coping strategies in stressful environments and addresses issues of concern professionally. **InTASC Standard 9: Professional Learning and Ethical Practice**
17. Maintains appropriate personal hygiene and dresses professionally, adhering to guidelines outlined in the applicable USI handbook. **InTASC Standard 9: Professional Learning and Ethical Practice**
18. Consistently meets course and clinical experience policies and requirements. **InTASC Standard 9: Professional Learning and Ethical Practice**
19. Is punctual and maintains regular attendance for professional commitments, including classes and clinical experiences. **InTASC Standard 9: Professional Learning and Ethical Practice**
20. Seeks assistance promptly from instructors and supervisors. **InTASC Standard 9: Professional Learning and Ethical Practice**
21. Responds appropriately to constructive criticism from instructors and supervisors. **InTASC Standard 9: Professional Learning and Ethical Practice**
22. Functions effectively in a collaborative team, whether with peers, P-12 students, parents, other school personnel, or community members. **InTASC Standard 10: Leadership and Collaboration**

Teacher Candidate Disposition Alert

—[Link Here](#)

Formative Observation Feedback Form

—[Link Here](#)

Indicators for Observations (Exploration, Analysis, Synthesis)

[—Link Here](#)

Clinical Experience Progression Log

[—Link Here](#)

Final Evaluation Form

- Synthesis Phase Midterm Assessment

[—Link Here](#)

- Synthesis Phase Final Assessment

[—Link Here](#)

Consent for Release of Information and Self-Disclosure

[—Link Here](#)

Clinical Internship Handbook Page

[Clinical Internship Handbook Signature Page Link](#)