



Clinical Internship Handbook

A Guide for University Supervisors

2025-2026

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, M.S. Ed.
Director of Clinical Internships
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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. A minimum of four observations will be conducted that may occur in a variety of modalities (e.g., face-to-face, virtual, GoReact) by the university supervisor. Some visits will be scheduled; some may be unannounced. All observations will be followed with formal feedback meetings. Clinical Interns may record for academic purposes only, in alignment with university assessment requirements. Agreements regarding recording permissions have been established with school sites in advance. When necessary, the university supervisor may complete four in-person observations in lieu of video submissions.

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.

The goal is for the intern to gradually assume full responsibility for planning, implementing, and assessing lessons, including complete management of the classroom and student learning. The cooperating teacher will provide support as needed, gradually releasing responsibility to the intern and offering guidance or assistance only when necessary to ensure high-quality instruction and continuity for P–12 students.

As a university supervisor, you are expected to **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 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. Example: 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. 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.
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. 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.
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. Example: 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. 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.
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.

	<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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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.

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.

For full details, see the **Teacher Candidate Clinical Internship Handbook—Attendance Policy**.

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.

Professional Communication, Use of Technology, and Social Media

Clinical interns are expected to maintain professional communication and boundaries at all times during clinical experiences. In case of emergencies, clinical interns can text or call their cooperating teachers for immediate communication. 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 cooperating teachers, principals, and university supervisors.

Cell Phones and Electronic Devices

Cell phones and other electronic devices should **never be visible** while a clinical intern is engaged in a clinical experience, unless a cooperating teacher requests for safety/emergency use, but not for personal use. Personal use, including texting, checking social media, personal email, or talking on the phone, is strictly prohibited when in the presence of students. If a clinical intern anticipates an emergency call, they must notify the cooperating teacher at the start of the day. A clinical intern's cell phone should be in the off or mute position during school hours and during PLCs and Faculty Meetings.

Email

Clinical interns must use their **USI email account** for all communication with university supervisors, principals, and teachers. Personal email accounts (e.g., Yahoo®, Hotmail®, Gmail®) should not be used. Clinical interns must check their USI email **daily**, as it is the primary source of communication regarding deadlines, expectations, and critical information. Failure to check email may result in missed deadlines or delayed clinical experiences. Clinical interns are encouraged to communicate through USI email to ensure legal documentation.

Social Media and Public Image

Clinical interns must maintain a professional public image, including on social media platforms such as Facebook®, Instagram®, Snapchat®, and TikTok®. Clinical interns should not connect or communicate with students or parents on these platforms, as this constitutes a breach of professional boundaries. 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.

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.

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.

Time Log

Clinical interns in the Synthesis Phase must keep an accurate record of days and hours on the **Time Log in Watermark™**. Directions for filling this out are provided in Watermark™. 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 Professional Dress Code

Professional Perception and Compliance

Clinical interns are expected to be perceived as professionals, not students. Professional appearance is an essential component of professional disposition. Clinical interns must positively represent themselves, USI, and the P–12 school community. A *business casual* wardrobe serves as the standard; attire must be conservative, clean, and appropriate for a P–12 school setting—not trendy or distracting. The Teacher Education Department has a dress code for clinical interns in clinical internships. Clinical interns are **required** to follow this dress code. 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 interns must follow guidance provided by the cooperating teacher, school administrator, and university supervisor at all times.
- Clinical interns must adhere to this dress code during the entire internship placement.
- Failure to comply with the dress code constitutes a clinical internship improvement plan conference
 - Clinical interns may be asked to leave the site and may not return until dressed appropriately
 - Continued violations may result in removal from the clinical internship
- **School administrators have final authority regarding appropriateness of attire.**

Name Badge Requirements

- A USI Photo Name Badge is required
 - Available from the Eagle Access Office for \$5
- Must be worn on the shirt collar or on a visible lanyard
- Clinical interns must follow the photo ID requirements of the clinical internship site
- USI Student ID badges displaying a student identification number may **not** be worn

Hygiene and Grooming

Clinical interns are expected to maintain appropriate personal hygiene at all times.

- Clothing must be clean, properly fitted, and pressed or ironed as needed

- Hair and nails must be neat, clean, and appropriate length
- Hair color must be natural
 - Unnatural hair colors (e.g., purple, green, pink, or bright red) are not permitted
- Hairstyles must not distract from the learning environment
- Facial hair, if worn, must be clean and neatly trimmed

Accessories and Fragrance

- Jewelry must be minimal and professional.
- Visible piercings must be subtle and not a distraction to the learning process – this includes earrings, septum nose rings, eyebrow, lip, tongue, or other. If necessary, piercings should be replaced with clear spacers.
- Cologne, perfume, and other fragrances must be used sparingly, with consideration for student and staff sensitivities
- Artificial eyelashes or other accessories that may distract from instruction are not permitted

Shirts and Blouses

- No athletic-style T-shirts or sweatshirts (with or without hoods)
- Shirts, blouses, and sweaters must fit appropriately (not too tight, short, baggy, or revealing)
- Low-cut or revealing clothing is not permitted
 - Midriff and cleavage must be fully covered and not exposed during normal teaching activities.

Pants, Skirts, Dresses, etc.

- Colored denim pants may be worn.
- Skirts and dresses must be no more than 2 to 4 inches above the knee.
- Modesty and Discretion: Ultimately, school administration reserves the right to make a final judgment on attire deemed inappropriate or disruptive to the learning environment, regardless of specific measurements.
- No cargo pants with multiple pockets on the legs
- No clothing that is torn, faded, wrinkled, too baggy, or too tight
- Leggings or jeggings must be worn with a tunic-length top (must cover lower torso)
- No flannel or pajama-style pants
- No shorts of any kind (unless teaching physical education, with approval)

Footwear

- Must be clean and appropriate for school environment
- Flip flops or Crocs® are not permitted.

- Clean, well-maintained tennis shoes or athletic shoes are allowed when they present a professional appearance.
- Unacceptable footwear includes shoes that are dirty or worn, have excessive logos or bright/neon colors, contain distracting designs or lights, resemble slippers, flip-flops, slides, or footwear that is not appropriate for a professional school setting.

Spirit Days

With guidance and approval from the cooperating teacher and university supervisor, clinical interns may participate in school spirit days.

- May include school-themed T-shirts, themed dress, or jeans
- Denim jeans may **only** be worn on designated spirit days with approval from cooperating teacher, administrator, and/or university supervisor. Jeans may not be torn, faded, too baggy, or too tight.
- Clinical interns should be aware of the professional perception required on special spirit days. It is important to maintain professionalism while participating in school spirit days. Additionally, it is important to respect the guidance provided by cooperating teachers, administrators, and university supervisors.

Assessments

Clinical Intern Disposition Inventory Policy

Professional dispositions—“the habits of professional action and moral commitments that underlie an educator’s performance” (InTASC, p. 6)—are essential for effective teaching, guiding ethical behavior and interactions in the classroom and school community.

USI’s Teacher Education Department has adopted dispositions aligned with CAEP Standard R1 as essential for teacher effectiveness. During each field placement, cooperating teachers complete the Disposition Inventory (noted below) in Watermark™. Items marked “disagree” include feedback, and intern will meet with the university supervisor and the Director of Clinical Internships to discuss next steps or a Student Progress Review plan if needed.

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

1. Demonstrates high expectations for self and P-12 students.
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.
3. Communicates respectfully and responsively in diverse environments without imposing personal or cultural values.
4. Actively seeks out new information and innovative, evidence-based teaching strategies.

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.
6. Analyzes, synthesizes, integrates concepts, and problem-solves to formulate assessment and educational judgments.
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.
8. Organizes time and materials, prioritizes tasks, performs several tasks at once, and adapts to changing situations and environments.
9. Demonstrates appropriate use of technology during meetings, classes, and clinical experiences.
10. Demonstrates an awareness of appropriate social boundaries between P-12 students and educators and adheres to those boundaries.
11. Thinks analytically about educational issues and reflects thoughtfully on their practices.
12. Demonstrates compliance with federal and state laws and all USI handbook policies.
13. Adheres to USI's academic integrity policy.
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.
15. Maintains P-12 student confidentiality, disclosing information only for professional purposes or as legally required by law.
16. Demonstrates a calm demeanor and effective coping strategies in stressful environments and addresses issues of concern professionally.
17. Maintains appropriate personal hygiene and dresses professionally, adhering to guidelines outlined in the applicable USI handbook.
18. Consistently meets course and clinical experience policies and requirements.
19. Is punctual and maintains regular attendance for professional commitments, including classes and clinical experiences.
20. Seeks assistance promptly from instructors and supervisors.
21. Responds appropriately to constructive criticism from instructors and supervisors.
22. Functions effectively in a collaborative team, whether with peers, P-12 students, parents, other school personnel, or community members.

The following sequence clarifies how disposition concerns are identified, reviewed, and addressed during the clinical internship.

Clinical Intern Disposition Review Process

1. Access to Inventory

The complete Clinical Intern Disposition Inventory is available in the Clinical Internship Handbook.

2. Midterm Evaluation

During the clinical internship, the cooperating teacher completes a **midterm disposition inventory**.

3. **Final Evaluation**

At the end of the clinical internship, both the **cooperating teacher** and the **university supervisor** evaluate the intern's professional dispositions using the same inventory.

4. **Trigger for Review**

If **three (3) or more dispositions** receive a “**disagree**” rating on the inventory, a conference is scheduled.

5. **Conference and Improvement Plan**

The conference includes the **Director of Clinical Internship**, the **cooperating teacher**, and the **university supervisor**.

a. Areas for improvement are discussed.

b. A **Student Progress Review Plan** is developed, if needed.

6. **Student Progress Review (SPR) Process**

If concerns persist or are significant, the student may be required to enter the **Student Progress Review Process**, which includes a meeting with the **Student Affairs Committee**.

a. Possible outcomes include required improvement actions or **dismissal from the program**.

7. **Mandatory SPR Conditions**

A **Student Progress Review meeting is required** if:

a. The candidate is asked to leave a practicum placement for any reason, **or**

b. The candidate demonstrates dispositional issues that may affect their ability to teach any or all students.

Synthesis Phase Assessments (Midterm and Final)

University supervisors and cooperating teachers will assess the following competencies on the Synthesis Phase Assessments which are the same assessments for both Midterm and Final.

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.

Synthesis Phase Assessment Review Process

Access to Synthesis Phase Assessment

- The assessment is available in Watermark™.
- Rubric items are listed above.
- Training videos are available for each domain.

Midterm Evaluation

- During the clinical internship, the **cooperating teacher** completes a **Synthesis Phase Midterm Assessment**.

Final Evaluation

- At the end of the clinical internship, both the **cooperating teacher** and the **university supervisor** evaluate the intern's competencies using the **Synthesis Phase Final Assessment**.

Trigger for Review

- If **five (5) or more** competencies receive an “**Ineffective**” rating on the inventory, a **conference** is scheduled.

Conference and Improvement Plan

- The conference includes the **Director of Clinical Internship**, the **cooperating teacher**, the **clinical intern**, and the **university supervisor**.

- Areas for improvement are discussed.
- A **Clinical Intern Improvement Plan** is developed.

Student Progress Review (SPR) Process

- If concerns persist or are significant, the student may be required to enter the **Student Progress Review Process**.
- This process includes a meeting with the **Student Affairs Committee**.
- Possible outcomes include required **improvement actions** or **dismissal** from the program.

Mandatory SPR Conditions

- A **Student Progress Review** meeting is required if:
 - The candidate is **asked to leave a practicum placement** for any reason, or
 - The candidate **demonstrates dispositional issues that may affect their ability to teach any or all students**.

Clinical Internship Placement Termination Policy

When concerns arise regarding a clinical intern's performance, attendance, or disposition, the following process will be followed:

- **Initial Addressing of Concerns**
 - The university supervisor and cooperating teacher will first address the issue with the intern.
- **Conference and Plan Development**
 - The cooperating teacher, university supervisor, clinical intern, and Director of Clinical Internships will hold a conference to develop a **Clinical Internship Plan of Improvement**.
 - The plan will be signed by all parties, with each receiving a copy of the signed document.
- **Follow-Up**
 - If all expectations in the plan are met, the intern may continue in the placement.
 - If concerns persist or the issue is more serious, the Director of Clinical Internships may suspend the placement.
- In such cases, a **Student Progress Review Plan** will be initiated, and next steps will be determined.

If a clinical intern violates the **USI Code of Conduct** or any policies of the assigned school,

the **USI Dean of Students** will be involved in determining the intern's status.

A school district, principal, or relevant USI teacher education personnel may suspend or terminate a clinical internship for serious reasons. In such cases, **no plan for improvement will be executed.**

Placement Restrictions:

- A clinical intern whose placement is ended by the P–12 site, school, or the USI Office of Clinical Experiences **will not be placed in a different site, school, or grade level for the remainder of the semester.**
- Clinical interns who withdraw from the clinical internship or receive an unsatisfactory grade **will not be placed in a different site, school, or grade level for the remainder of the semester.**

Reapplication and Remediation:

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

Observation Indicators for Clinical Internship

During the clinical internship, university supervisors will use the indicators to guide formative observation and provide feedback that supports your growth. These expectations reflect essential competencies for effective teaching and align with professional standards for educator preparation.

Domain 1: Supporting Learning Development, Differences, and the Environment

- 1A. Demonstrate an understanding of student development.
- 1B. Design Instruction to Promote & Differentiate Student Success and Learning
- 1C. Create learning environments to support all children's needs.

Domain 2: Content Knowledge and Application of Subject Matter

- 2A. Create learning environments to support all children's needs.
- 2B. Engage learners in critical thinking, creativity, and collaborative problem solving to understand subject matter content.

Domain 3: Science of Reading Content Knowledge and Application of Subject Matter

- 3A. Reading Component Implementation
- 3B. Reading Science Application
- 3C. Literacy Content Knowledge (Science of Reading)

Domain 4: Instructional Practice & Assessment

- 4A. Plan and deliver standards-based, data-driven differentiated instruction that engages students, makes effective use of contemporary tools and technologies, and helps all students achieve learning goals
- 4B. Prioritizes the use of a variety of instructional strategies.

4C. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.

Domain 5: Professionalism

5A. Engages in professional behavior in accordance with the profession.

5B. Demonstrates ethical judgment in accordance with the profession.

Required Trainings

University supervisors 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 4 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 4 observations during the 16 weeks, that may occur in a variety of modalities (e.g., face-to-face, virtual, 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 four 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 5 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.

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*** 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: 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, 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. 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.
- 2. 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.
- 3. 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.
- 4. 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

Task	Timeline
Complete Qualifying Credentials/Mentor Profile	Beginning of Semester
Approves/Reject Time Log Entries in Watermark™	Weekly
Mileage Report –submitted on Emburse	End of month
4 Formative Observation Feedback Forms and Debrief Videos	Throughout the Semester
Clinical Experience Progression Log	Throughout the Semester –Submitted at End of Semester
Disposition Inventory Final-US	End of Semester
Synthesis Phase Final Assessment	End of Semester

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 4 observations**:
- ☐ Complete and upload to **Watermark™**:
 - **4 Formative Observation Forms**
 - **4 Feedback Videos**
- ☐ 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 5 “Ineffective” ratings on midterm
 - More than 3 “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

- ☐ 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

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