



McLennan Community College

**1400 College Drive
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Alternative Teacher Certification Program

Clinical Teaching Handbook REVISED 2020

Accredited by the Texas Education Agency

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OBJECTIVES OF THE CLINICAL TEACHING EXPERIENCE

1. To be immersed in teaching experiences that allow for a smooth transition from the role of a Clinical Teacher to the role of a classroom teacher.
2. To observe the behavior and learning styles of students in a world of diverse cultures and expectations.
3. To develop high levels of teaching competence through a guided teaching experience.
4. To learn how to create and use effective lesson plans for instruction.
5. To become competent in creating and using instructional materials and techniques.
6. To effectively use technology for instruction and communication.
7. To become familiar with public school organization and programs.
8. To establish professional relationships with fellow teachers, students, administrators and parents.
9. To engage in self-evaluation and professional goal setting.
10. To be of mutual assistance to the cooperating school and the teacher preparation program by establishing cooperative relationships through open communication and the pursuit of common goals.

CLINICAL TEACHING COMPONENTS

Note: For an overview of suggested activities, see the 14 Weeks at a Glance Powerpoint document.

1. OBSERVING

Much of the first 1-2 weeks of clinical teaching will be spent in observation of the classroom environment, instructional techniques, and interpersonal communication and relationships. As you observe, it will be helpful to take reflective notes for the purpose of asking questions of your Cooperating School Mentor regarding reasons for their instructional planning choices. Frequently asking questions of “why” and “how” will provide you with a knowledge base for choosing your own methods for instruction and management. During this period of time, it is also helpful to make and fill in seating charts to quickly learn the names of the students.

2. ASSISTING

After a short period of observation time (by week 3), you will be ready to become more involved with the students. The Cooperating School Mentor may give specific suggestions for activities that will help you to become involved. For example:

- a. monitor student’s work at their desks to give one-on-one assistance,
- b. distribute papers or materials,
- c. grade papers,
- d. check attendance,
- f. assist students with make-up work/tutorials.

Please let the Cooperating School Mentor know when you are ready to become more involved. At the same time, be sensitive to your mentor and do not attempt to “take over” the class too quickly. Demonstrate enthusiasm and initiative.

3. TEAMING

To initiate your teaching experience in the class, you may begin by co-planning and co-teaching a selected lesson. This may be done in any number of ways. For example:

- Divide the class into two groups with each of you taking a group for instruction.
- Divide the instructional time--one person does the introduction and presentation of skills, while the other person carries out the independent practice and evaluation segments of the lesson.
- One person may present the lesson content while the other one supervises the cooperative group work.

Teaming allows the Clinical Teacher to gain some initial experience in front of the class with support from the mentor. It also allows the students to observe the cooperative relationship of the Clinical Teacher and Cooperating School Mentor.

Team-teaching will be the primary strategy you will use in Weeks 3-7 as you move gradually toward greater amounts of responsibility, and you will return to team-teaching in Weeks 11-14 as you transition lesson planning and instruction back to the Cooperating School Mentor.

4. TEACHING/LESSON PLANS

After having observed the Cooperating School Mentor model the preparation for and teaching of lesson plans, the Clinical Teacher will be able to assume greater responsibility for planning and teaching. The lesson plan will be submitted to the Cooperating School Mentor prior to teaching in order to gain constructive feedback for revisions and ultimate success.

Clinical Teachers are encouraged to reflect in writing about the success of each lesson. These reflections should include ideas for changes in future instruction and classroom management, reasons the lesson was or was not successful, etc.

5. FULL RESPONSIBILITY

During weeks 8-10, the Clinical Teacher should be fully responsible for all aspects of teaching, including planning, teaching, and assessment. This full level of responsibility is still under the supervision of the Cooperating School Mentor, who will assist with lesson planning and instructional strategies and also provide feedback to the Clinical Teacher.

6. CONFERENCES/EVALUATIONS

The Clinical Teacher should conference with the Cooperating School Mentor at least once per week to discuss progress towards increasing teaching responsibilities.

The Field Supervisor will observe the Clinical Teacher for a minimum of 45 minutes at least 3 times during the 14 weeks – once in the first third, once in the middle third, and once in the final third of the assignment. Before and after each of these 3 formal observations, the Field Supervisor will conference with the Clinical Teacher and the Cooperating School Mentor. At the time of the 3rd observation, the Field Supervisor will complete the *Recommendation for Standard Certification Report* along with the campus principal and Cooperating School Mentor.

CLINICAL TEACHER RESPONSIBILITIES

1. DEDICATION

While clinical teaching, students should consider themselves pre-service teachers and should conduct themselves in a professional manner. Upon entering clinical teaching, the student agrees to follow the rules of each school system as well as the ATC program's policies. Clinical Teachers should view the clinical teaching experience as an opportunity to demonstrate what they can do as a teacher. Actions and words during clinical teaching should be carefully considered, as they will affect both the clinical teaching evaluation and written and verbal recommendations given for the Clinical Teacher by the Cooperating School Mentor and Field Supervisor. Clinical Teachers demonstrating negative behaviors and dispositions may be subject to termination of clinical teaching.

2. ORGANIZATION

The Clinical Teacher should turn in a weekly reflection to the Field Supervisor. He/she should notify the Field Supervisor if changes occur in the schedule due to unforeseen circumstances or due to individual lessons to be taught. Although absences are discouraged, the Clinical Teacher should notify the school, the Cooperating School Mentor and the Field Supervisor as soon as possible if an absence due to illness is necessary.

3. PREPARATION

- Provide the Cooperating School Mentor with written lesson plans well in advance of teaching.
- Prepare in advance all teaching materials/technology to increase time-on-task.
- Plan for the most efficient methods for carrying out classroom procedures and lesson transitions.
- Allow for flexibility in teaching by planning for interruptions or time constraints.

4. INSTRUCTION

- Demonstrate accurate content knowledge.
- Sequence instructional events to enhance student understanding.
- Observe and build into instruction a recognition of student diversity in learning styles and cultural backgrounds.
- Develop critical thinking through the use of thought-provoking questions.
- Choose a variety of assessment tools and teach students to use self-evaluation.
- Provide lesson activities that require cooperation and teamwork.
- Encourage creativity by accepting students' ideas to enrich class experiences.

5. STUDENT RELATIONS

- Create and maintain a positive learning environment by demonstrating respect for each student.
- Develop with the mentor a specific classroom management plan that complements both the existing plan and your strengths as a new teacher.
- Maintain a firm, but friendly relationship with each student.
- Be aware of the students' social and emotional needs.

6. PROFESSIONALISM

- Wear appropriate professional attire.
- Reflect on your progress frequently.
- Welcome constructive suggestions and incorporate them in subsequent planning and teaching.
- Be discreet with any confidential information.
- Become familiar with public school organizations and programs by attending any school and/or parent meetings when appropriate.
- Collaborate with other faculty members or Clinical Teachers within your building in sharing instructional ideas, materials and technology.
- Establish professional relationships by interacting with school personnel (administrators, faculty, support staff), students and parents.
- Be familiar with school policies and procedures.

COOPERATING SCHOOL MENTOR RESPONSIBILITIES

1. QUALIFICATIONS

- Minimum 3 years teaching experience
- Accomplished educator as demonstrated by student learning data
- Currently certified to teach in the content area of the Clinical Teacher
- Ability to guide, assist, and support the Clinical Teacher throughout the assignment

2. PREPARATION

- Prepare the classroom students to receive the Clinical Teacher as a professional co-worker.
- Prepare a workspace for the Clinical Teacher with a desk, chair, shelves, curriculum guides and teaching materials.
- View the *14 weeks at a glance*, Mentor powerpoint, and sign and return the acknowledgement form to the ATC Office.

3. ORIENTATION

- Orient the Clinical Teacher to:
 - the students,
 - the school calendar and daily schedule,
 - the building facilities and resources,
 - the personnel – administrators, faculty, and staff,
 - school policies and procedures,
 - the nature of the community, and professional opportunities.

4. INDUCTION

- Provide a gradual induction to the teaching process by modeling appropriate planning and teaching, as well as explaining the purpose.
- Demonstrate methods and resources for creating daily lesson plans that are sequential and include cross-curricular content.
- Demonstrate the use of curriculum guides, teachers' manuals, and other resources for your grade/subject level.
- Explain the philosophy of classroom management, the specific techniques that are to be used, and how management is to occur when the mentor and Clinical Teacher are both in the classroom.
- Choose a specific time for planning together on a daily/weekly basis.
- Guide the Clinical Teacher toward effectiveness by:
 - monitoring effective use of time,
 - requiring written lesson plans in advance of teaching,
 - creating a climate that encourages questioning and self-reflection,
 - praising and encouraging,
 - keeping interactive lines of communication open,
 - discussing problems frankly, one at a time,
 - sharing professional experiences and materials,
 - capitalizing on the special interests, talents, and abilities of a student teacher in order to enrich the curriculum,
 - encouraging the use of alternative instructional and management techniques, and
 - guiding the acceptance of varied school duties and tasks which represent a teacher's workload.
- Explain the methods of record keeping for attendance, tardiness, grades, conduct, etc.
- Discuss emergency and health procedures such as fire drills, illness, fighting, etc.
- Allow the Clinical Teacher to assume full responsibility of the classroom instruction and management for weeks 8-10 of the semester.
- Give specific instruction on considerations for the beginning of the year.

5. EVALUATION

- Promote daily interactive discussions that encourage reflective thinking about the strengths and weaknesses of the Clinical Teacher's effectiveness in the planning/teaching process.
- Assist the Clinical Teacher in implementing recommendations received during the evaluation sessions.
- Conference with the Field Supervisor on a continuing basis. Performance problems should be identified and discussed as early as possible. Use an intervention plan whenever necessary to encourage timely change.
- Participate in a three-way evaluation conference with the Clinical Teacher and Field Supervisor Mentor before and/or after each formal observation.

6. PROFESSIONALISM

- Accept the Clinical Teacher as an individual and refrain from comparison of her/him with previous Clinical Teachers.
- Free the Clinical Teacher to attend all college training that is part of her/his certification requirements.
- Give the Clinical Teacher opportunities to gradually increase levels of responsibility at an appropriate pace.
- Involve the Clinical Teacher in faculty and curriculum meetings, parent meetings and parent/teacher conferences when appropriate.

FIELD SUPERVISOR RESPONSIBILITIES

1. LIAISON

- Act as a liaison between the participating schools and the McLennan Community College Alternative Teacher Certification Program.
- Communicate regularly with principals, mentors, Clinical Teachers and the MCC Alternative Teacher Certification staff.
- Provide guidance and support of the Cooperating School Mentor in assuming his/her role.

2. EVALUATION

- Observe, assess and evaluate Clinical Teachers on a regular basis regarding teaching, planning, management and professionalism.
- Guide the Clinical Teacher's growth in reflective thinking and self evaluation.
- Evaluate the Clinical Teacher's lesson plans and provide verbal and/or written feedback.
- Participate in a three-way evaluation conference with the Clinical Teacher

- and Cooperating School Mentor at the time of each observation.
- Provide the Clinical Teacher with a remediation plan if there are problematic areas that need special attention. A copy shall be submitted to the college as soon as all parties have signed the plan.
- Document any infractions of school policy or professionalism, as well as unsatisfactory progress in classroom instruction and management.

3. PROFESSIONALISM

- Continue professional development through attendance and participation in supervisor and mentor training.
- Continue professional development by reading professional journals and attending conferences.
- Provide recommendation letters as needed for Clinical Teachers who are applying for initial teaching jobs.
- Communicate regularly with MCC's Alternative Teacher Certification program director about areas of concern or suggestions for programmatic changes.

CLINICAL TEACHING POLICIES

1. LENGTH OF SEMESTER

The clinical teaching semester is at least fourteen weeks in length.

2. ABSENCES

Clinical Teachers are expected to be in attendance at their assigned school each day. Leaving the school campus during the school day is not permitted without prior approval. It is the responsibility of the Clinical Teacher to inform the Cooperating School Mentor, Field Supervisor, and school office as early as possible in case of an illness or forced absence. Excessive absences may result in removal from clinical teaching.

3. OUTSIDE COMMITMENTS

Work or family/personal commitments cannot be excuses for failing to meet the commitments of clinical teaching. A maximum of five days may be missed due to illness or family commitments. If there are more absences, the Clinical Teacher will be required to make up the time or withdraw from Clinical Teaching and repeat the course in a future semester.

4. SUBSTITUTE TEACHING

Clinical Teachers may not serve as substitute teachers. A substitute teacher must be provided by the school should the Cooperating School Mentor teacher be absent. Clinical Teachers who have progressed to full responsibility teaching duties may teach in their assigned classrooms in the presence of the substitute teacher.

5. HOLIDAYS AND STAFF DEVELOPMENT DAYS

During the clinical teaching semester, Clinical Teachers will observe the holidays scheduled by the school system to which they are assigned, regardless of the holidays observed by McLennan Community College. Clinical Teachers are expected to be at school on staff development days and to participate in any professional development programs when appropriate.

6. RELATIONSHIP WITH STUDENTS

Clinical Teachers should exercise extreme caution against becoming too familiar with students under their direction. It is not appropriate to socialize with students. The Clinical Teacher should be considered a professional, not a "friend."

7. CORPORAL PUNISHMENT

Corporal punishment is a sensitive issue in many schools, and Clinical Teachers must not resort to this method of behavior control. McLennan Community College's Alternative Teacher Certification policy requires that if corporal punishment is recommended, it is to be administered by appropriate certified personnel. Clinical Teachers may not administer or serve as a witness when school personnel administer corporal punishment.

8. CRIMINAL HISTORY BACKGROUND CHECKS

Candidates must pass a fingerprint-based criminal history background check prior to the start of Clinical Teaching. The fingerprinting will be coordinated with the assigned school district.

9. EMPLOYMENT

Employment during clinical teaching is strongly discouraged due to the tremendous time commitment expected for preparation. If financial needs require that some employment be assumed, this should be limited to 10 hours per week, preferably on weekends. Weekday afternoons should be free for faculty meetings, conferences with the Cooperating Teacher, and curriculum planning. Any issues concerning employment during clinical teaching should be discussed in advance with the supervisor.

10. STUDENTS WITH SPECIAL NEEDS

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities.

11. PROFESSIONAL LIABILITY INSURANCE

Although it is not common, Clinical Teachers are subject to lawsuits. To ensure protection during clinical teaching, it is recommended to become a member of a teacher organization in order to obtain professional liability insurance. Examples:

- ATPE - Association of Texas Professional Educators
 - www.atpe.org
- TCTA – Texas Classroom Teacher Association
 - www.tcta.org

TEACHER CODE OF ETHICS

Texas Administrative Code

TITLE 19

PART 7

CHAPTER 247

RULE §247.2

EDUCATION

STATE BOARD FOR EDUCATOR CERTIFICATION

EDUCATORS' CODE OF ETHICS

Code of Ethics and Standard Practices for Texas Educators

TAC Title 19, Part 7, Chapter 247: RULE §247.1 states: The Texas educator shall comply with standard practices and ethical conduct toward students, professional colleagues, school officials, parents, and members of the community and shall safeguard academic freedom. The Texas educator, in maintaining the dignity of the profession, shall respect and obey the law, demonstrate personal integrity, and exemplify honesty and good moral character. The Texas educator, in exemplifying ethical relations with colleagues, shall extend just and equitable treatment to all members of the profession. The Texas educator in accepting a position of public trust, shall measure success by the progress of each student toward realization of his or her potential as an effective citizen. The Texas educator, in fulfilling responsibilities in the community, shall cooperate with parents and others to improve the public schools of the community. This chapter shall apply to educators and candidates for certification.

Enforceable Standards.

(1) Professional Ethical Conduct, Practices and Performance.

(A) Standard 1.1. The educator shall not intentionally, knowingly, or recklessly engage in deceptive practices regarding official policies of the school district, educational institution, educator preparation program, the Texas Education Agency, or the State Board for Educator Certification (SBEC) and its certification process.

(B) Standard 1.2. The educator shall not knowingly misappropriate, divert, or use monies, personnel, property, or equipment committed to his or her charge for personal gain or advantage.

(C) Standard 1.3. The educator shall not submit fraudulent requests for reimbursement, expenses, or pay.

(D) Standard 1.4. The educator shall not use institutional or professional privileges for personal or partisan advantage.

(E) Standard 1.5. The educator shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or to obtain special advantage. This standard shall not restrict the acceptance of gifts or tokens offered and accepted openly from students, parents of students, or other persons or organizations in recognition or appreciation of service.

(F) Standard 1.6. The educator shall not falsify records, or direct or coerce others to do so.

(G) Standard 1.7. The educator shall comply with state regulations, written local school board policies, and other state and federal laws.

(H) Standard 1.8. The educator shall apply for, accept, offer, or assign a position or a responsibility on the basis of professional qualifications.

(I) Standard 1.9. The educator shall not make threats of violence against school district employees, school board members, students, or parents of students.

(J) Standard 1.10. The educator shall be of good moral character and be worthy to instruct or supervise the youth of this state.

(K) Standard 1.11. The educator shall not intentionally or knowingly misrepresent his or her employment history, criminal history, and/or disciplinary record when applying for subsequent employment.

(L) Standard 1.12. The educator shall refrain from the illegal use or distribution of controlled substances and/or abuse of prescription drugs and toxic inhalants.

(M) Standard 1.13. The educator shall not consume alcoholic beverages on school property or during school activities when students are present.

(2) Ethical Conduct Toward Professional Colleagues.

(A) Standard 2.1. The educator shall not reveal confidential health or personnel information concerning colleagues unless disclosure serves lawful professional purposes or is required by law.

(B) Standard 2.2. The educator shall not harm others by knowingly making false statements about a colleague or the school system.

(C) Standard 2.3. The educator shall adhere to written local school board policies and state and federal laws regarding the hiring, evaluation, and dismissal of personnel.

(D) Standard 2.4. The educator shall not interfere with a colleague's exercise of political, professional, or citizenship rights and responsibilities.

(E) Standard 2.5. The educator shall not discriminate against or coerce a colleague on the basis of race, color, religion, national origin, age, gender, disability, family status, or sexual orientation.

(F) Standard 2.6. The educator shall not use coercive means or promise of special treatment in order to influence professional decisions or colleagues.

(G) Standard 2.7. The educator shall not retaliate against any individual who has filed a complaint with the SBEC or who provides information for a disciplinary investigation or proceeding under this chapter.

(H) Standard 2.8. The educator shall not knowingly or intentionally subject a colleague to sexual harassment.

(3) Ethical Conduct Toward Students.

(A) Standard 3.1. The educator shall not reveal confidential information concerning students unless disclosure serves lawful professional purposes or is required by law.

(B) Standard 3.2. The educator shall not intentionally, knowingly, or recklessly treat a student or minor in a manner that adversely affects or endangers the learning, physical health, mental health, or safety of the student or minor.

(C) Standard 3.3. The educator shall not intentionally, knowingly, or recklessly misrepresent facts regarding a student.

(D) Standard 3.4. The educator shall not exclude a student from participation in a program, deny benefits to a student, or grant an advantage to a student on the basis of race, color, gender, disability, national origin, religion, family status, or sexual orientation.

(E) Standard 3.5. The educator shall not intentionally, knowingly, or recklessly engage in physical mistreatment, neglect, or abuse of a student or minor.

(F) Standard 3.6. The educator shall not solicit or engage in sexual conduct or a romantic relationship with a student or minor.

(G) Standard 3.7. The educator shall not furnish alcohol or illegal/unauthorized drugs to any person under 21 years of age unless the educator is a parent or guardian of that child or knowingly allow any person under 21 years of age unless the educator is a parent or guardian of that child to consume alcohol or illegal/unauthorized drugs in the presence of the educator.

(H) Standard 3.8. The educator shall maintain appropriate professional educator-student relationships and boundaries based on a reasonably prudent educator standard.

(I) Standard 3.9. The educator shall refrain from inappropriate communication with a student or minor, including, but not limited to, electronic communication such as cell phone, text messaging, email, instant messaging, blogging, or other social network communication. Factors that may be considered in assessing whether the communication is inappropriate include, but are not limited to:

(i) the nature, purpose, timing, and amount of the communication;

(ii) the subject matter of the communication;

(iii) whether the communication was made openly or the educator attempted to conceal the communication;

(iv) whether the communication could be reasonably interpreted as soliciting sexual contact or a romantic relationship;

(v) whether the communication was sexually explicit; and

(vi) whether the communication involved discussion(s) of the physical or sexual attractiveness or the sexual history, activities, preferences, or fantasies of either the educator or the student.

I have read the above *Code of Ethics and Standard Practices for Texas Educators* and I agree to comply and commit myself to these practices, accepting the public trust of being an ethical educator.

Signature of Candidate

Date

Printed Name

Procedure if Problems Arise

The clinical teaching program is a cooperative relationship between McLennan Community College's Alternative Teacher Certification program and cooperating school districts, Cooperating School Mentors, the Supervising Mentor, and the Clinical Teacher. Each Clinical Teacher is to be made aware that her or his presence in the district, and in a particular classroom, is that of a guest. The Clinical Teacher must recognize that placement does not guarantee completion. Successful completion of clinical teaching is the responsibility of the Clinical Teacher.

A. Clinical Teacher's Responsibility

- Discuss any concerns with Cooperating Mentor and Field Supervisor.
- Communicate with the Alternative Teacher Certification office when needed.
- Work to overcome any weakness (If remediation is necessary).

B. Cooperating School Mentor's Responsibility

- Communicate any concerns with the Clinical Teacher and the Field Supervisor immediately.
- Communicate with ATC office when needed.
- Develop a remediation plan with the Clinical Teacher and Field Supervisor.
- Document any concerns, remediation, and progress of the Clinical Teacher.

C. Field Supervisor Responsibility

- Communicate with the Cooperating Mentor about any concerns.
- Develop a remediation plan with the Cooperating Mentor and the Clinical Teacher.
- Notify the Alternative Teacher Certification office no later than midway through the placement if there are difficulties with the Clinical Teacher's progress.
- Provide written documentation about any concerns, remediation, and progress of the Clinical Teacher to the Alternative Teacher Certification office.

Occasionally there are circumstances that warrant the termination of the clinical teaching experience. When such action is deemed necessary, there are specific reasons and procedures that should be taken into consideration by all parties involved.

REASONS FOR REMOVAL

1. Mutual consent and agreement for removal by the Clinical Teacher, Cooperating Mentor Teacher/ school, and Field Supervisor for reasons of illness, injury, or other unforeseen problem.
2. Failure by the Clinical Teacher to establish and maintain a satisfactory performance level in classroom instruction and management.
3. Failure by the Clinical Teacher to abide by the policies of the cooperating school.
4. Unprofessional conduct towards school personnel or students, including any violation of the Educator's Code of Ethics.

PROCEDURES FOR REMOVAL

Termination of the assignment should follow these prescribed procedures in a sequential manner:

1. The Clinical Teacher shall be informed by the Cooperating School Mentor and Field Supervisor of any unsatisfactory performance. This shall be done through a written evaluation from both Cooperating School Mentor and Field Supervisor, a joint conference between all three, and written documentation of any infractions of school policy or professionalism. A Clinical Teacher may not be terminated for a series of minor or undocumented problems.
2. When it is evident that a Clinical Teacher does not follow through with prescribed verbal and written suggestions for improvement, a formal intervention plan shall be created by the Field Supervisor, Cooperating School Mentor, and Clinical Teacher during a three-way conference. A copy signed by all three parties shall be submitted to McLennan Community College. Within a one-week time frame the Clinical Teacher, the Cooperating School Mentor, and the Field Supervisor will conference to assess progress.
3. If inadequate progress in teaching effectiveness and/or unprofessional conduct continues, a formal probation will be initiated with a clear time limit for compliance. A copy will be submitted to the school principal and to MCC's Alternative Teacher Certification Program.
4. When a Clinical Teacher is placed on probation and reassessment indicates unfavorable progress, the Clinical Teacher will meet with MCC's Alternative Teacher Certification personnel to discuss possible options. The options offered will depend upon each individual case and what is deemed to be in the best interest of the Clinical Teacher, the school, the Cooperating School Mentor, and the students in the classroom. Some options that may be considered are:
 - a. Movement to another classroom for the remainder of the semester. This may be in another school or district and will be done ONLY if there are at least five (5) weeks remaining in the semester and if a classroom

- placement is available. Clinical teaching will automatically be extended to 15 weeks.
- b. Withdrawal from clinical teaching with the option to reapply for clinical teaching after waiting at least one semester and no more than three (3) semesters. During the interim time, there will be prescriptive growth experiences created by college personnel that must be completed and submitted for review prior to reassignment for clinical teaching.
 - c. Termination of clinical teaching with a failing grade.
5. If the Clinical Teacher is to be terminated or withdrawn from clinical teaching, he/she will be given a letter stating the decision made, the reasons for that decision, and whether or not an opportunity for application to student teach again at a later date will be permitted. The letter will also specify the growth assignments that are expected prior to reassignment to clinical teaching. Some examples of prescriptive measures are:
- a. Serve as a classroom volunteer or teacher's aide to receive additional, guided experience in a classroom setting.
 - b. Maintain a reflective journal of all classroom experiences.
 - c. Take coursework to enhance knowledge and skill.
 - d. Read journal articles and write reflections on professionalism in the school setting.
 - e. Attend and report on professional conferences.
 - f. Develop a portfolio of classroom management or instructional techniques.
 - g. Provide letters of reference from employees and/or professional educators with whom the student has worked.
 - h. Seek personal or career counseling.

Clinical Teaching Assignments

1. Return a signed copy of the Acknowledgement of Clinical teaching Handbook **(see Page 22)**.
2. Fill out the observation forms (4 total – two Clinical Observation forms and two Mentor Observation forms) during the 14 weeks. **(See pages 18-21)**.
3. Learn the names of the students. Develop a seating chart.
4. Get all the textbooks, handbooks, curriculum guides, etc. from school. Read these carefully. Be sure you understand how to use a teacher's manual.
5. Familiarize yourself with the materials and technology available in your classroom and the school library.
6. Complete the Cooperating School Mentor Information sheet and turn it in to the Supervising School Mentor. If applicable, include a bell or class change schedule.
7. Submit a Weekly Clinical Teaching Reflection form to your Field Supervisor each week. This assists the Field Supervisor in scheduling his/her visits for observations and supporting your growth through the Clinical Teaching semester.
8. Discuss a pacing schedule with your mentor. Begin planning for your "full responsibility" weeks 8-10. Know what you will be teaching and start to determine how you will teach it.
9. Organize a Clinical teaching Notebook using a large three-ringed binder with individual dividers. Keep this notebook on your desk so that the Field Supervisor may access it for review during each visit.

The notebook should contain the following components:

- a. Calendar
- b. Lesson Plans
- c. Reflective Journal
- d. Mentor Evaluations
- e. Field Supervisor Evaluations
- f. Seminars/Meetings (handouts and notes)
- g. General Information (school and office memos, questions to be answered, college information, etc.)
- h. Instructional and Management Techniques (best practice ideas for use in your classroom)
- i. Clinical teaching Handbook

Observation by Clinical Teacher

Note: This is the form to use when the clinical teacher is observing the mentor teacher. Print this form twice so that you can complete 2 observations during the semester.

Circle One: Assignment 1a

Assignment 2a

Clinical Teacher Name:		Person Observed:	
Date:	School:	Grade:	Subject:

Clinical Teachers will observe and identify strategies by circling the following:

Y = definitely observed this strategy;

? = unsure if what I observed demonstrates this strategy;

N = did not observe this strategy

Domain 1. Planning			
Lesson structure is clear and well-organized (beginning, middle, end).	Y	?	N
Lesson is aligned with standards (TEKS and STAAR).	Y	?	N
Lesson is appropriate for diverse learners.	Y	?	N
Technology was used to enhance learning.	Y	?	N
Formal and informal assessments were used.	Y	?	N
Teacher gives students specific, constructive feedback about their work.	Y	?	N
Lesson connects to students' real-life experiences and prior knowledge.	Y	?	N
Students were engaged in higher-order thinking.	Y	?	N
Students were grouped effectively and worked well in groups.	Y	?	N
<p><i>Questions to ask my mentor:</i></p> <p><i>Strategies I will use in my own classroom:</i></p> 			

Clinical Teacher Appraisal Observations to be completed by the Cooperating School Mentor

Note: This is the form to use when the MENTOR is observing the CLINICAL TEACHER. Print this form twice so that you may complete 2 observations during the semester.

Circle One: Assignment 1b

Assignment 2b

Name:		School Mentor/Observer:	
Date:	School:	Grade:	Subject:

Mentors will observe and rate the Clinical Teacher's lesson according to the following rubric:

3 = Observed consistently

2 = Observed sometimes

1 = Not observed/needs improvement

Domain 1. Planning			
Lesson structure is clear and well-organized (beginning, middle, end).	3	2	1
Lesson is aligned with standards (TEKS and STAAR).	3	2	1
Lesson is appropriate for diverse learners.	3	2	1
Technology was used to enhance learning.	3	2	1
Formal and informal assessments were used.	3	2	1
Teacher gives students specific, constructive feedback on their work.	3	2	1
Lesson connects to students' real-life experiences and prior knowledge.	3	2	1
Students were engaged in higher-order thinking.	3	2	1
Students were grouped effectively and worked well in groups.	3	2	1
<i>Domain 1 Comments and Suggestions for Improvement</i>			

Clinical Teacher Name:	Date:
Circle One: Assignment 1b	Assignment 2b

Domain 2. Instruction			
Learning objectives were posted and/or stated.	3	2	1
Students were successful in learning.	3	2	1
Teacher conveys clear and accurate content knowledge.	3	2	1
Teacher connects content to other topics/disciplines.	3	2	1
Student ↔ student and teacher ↔ student communication is respectful.	3	2	1
Questioning is focused on the lesson objective.	3	2	1
The lesson includes activities that address different learning styles.	3	2	1
Teacher monitors student behavior, engagement, and mastery.	3	2	1
Teacher responds quickly to student academic and behavioral needs.	3	2	1
<i>Domain 2 Comments and Suggestions for Improvement</i>			

Domain 3. Learning Environment			
Procedures and routines were clear and efficient.	3	2	1
Transitions were efficient.	3	2	1
Students manage supplies with limited teacher direction.	3	2	1
Classroom is safe and organized.	3	2	1
Teacher reinforces desired behaviors.	3	2	1
Teacher encourages students who are struggling.	3	2	1
Rules are applied fairly and consistently.	3	2	1
Student behaviors were intercepted before they interfered with instruction.	3	2	1
Students know and follow classroom behavior expectations.	3	2	1
<i>Domain 3 Comments and Suggestions for Improvement</i>			

**McLennan Community College
Alternative Teacher Certification**
1400 College Drive
Waco, Texas 76708
254-299-8063

Acknowledgment of Clinical Teaching Handbook

Clinical Teacher: _____

Cooperating School Mentor Teacher: _____

Field Supervisor: _____

My signature below acknowledges that I have received the McLennan Community College's Alternative Teacher Certification Clinical Teaching Handbook.

I have read the handbook and agree to abide by the standards, policies, and procedures defined or referenced in the handbook.

I understand that I have an obligation to inform my Field Supervisor of any changes in personal information, such as name, phone number, address, etc.

I also accept responsibility for contacting my supervisor if I have any questions, concerns, or need further explanation.

Signature: _____

Date: _____