 California State Polytechnic University, Pomona

Multiple Subject/Single Subject/Education Specialist

**Cooperating Teacher Orientation Verification**

In our ongoing effort to orient selected K-12 Cooperating Teachers for the important role of working with the Cal Poly Pomona Teacher Candidates, an individual or small-group orientation at the school site will be conducted by the University Supervisor. Since Cooperating Teachers’ experience working with Teacher Candidates varies, the orientation aims to address the specific needs of each Cooperating Teacher. Orientation, at a minimum includes, but is not limited to, a review of the following:

* Introduction of the University Supervisor to the K-12 Cooperating Teacher
* Role of the University Supervisor.
* Role of the on-site K-12 Cooperating Teacher
* Role of the Teacher Candidate
* Review Clinical Practice Model (pre-observation planning, observation, post-collaborative conversation)
* Provide and review approved Cal Poly Lesson Plan Template (2)
* Complete 1formal observation before week 7 and one during the solo period using Clinical Practice tools (Making Content Accessible)
* Review Sample Curricular Timeline for Clinical Practice
* Exchange contact information (i.e. phone numbers, e-mail, business cards)
* Respond to questions and concerns

The following signatures verify that (1) the Cooperating Teacher received the Program Handbook, and (2) a Clinical Practice Orientation occurred on the date and location below for this Cooperating Teacher:

**Cooperating Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**University Supervisor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***University Supervisor returns signed sheet to Clinical Practice Staff in CSO***