

# **Clinical Experience Essential Handbook**

## **For**

## **Cooperating Teachers**



**Texas Lutheran University**  
**Department of Education**  
**Educator Preparation Program**  
**Accredited by The Texas Education Agency (TEA)**

# Cooperating Teacher Reference Guide

Texas Lutheran University  
Office of Educator Preparation

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## Table of Contents

Focus	Page	Common Questions / Additional Content
<b>Welcome Letter</b>	5	<i>CPE hours for serving as a mentor will be provided after the ST successfully completes the clinical teaching experience.</i>
<b>Introduction</b>	6	
<b>The Purpose of Student Teaching</b>	6	
<b>The Clinical Teaching Assignment</b>	7	
<b>Expectations of the Clinical Teacher</b>	7	<ul style="list-style-type: none"> <li>• Texas Education Code of Ethics</li> </ul>
<b>Roles and Responsibilities of the Cooperating / Mentor Teacher</b>	8-20	[Table of the following items]
<b>Training / Resources</b> <i>(CPE hours will be provided after completion of specified training)</i>	8	<ul style="list-style-type: none"> <li>• What do I need to learn?</li> <li>• What will my role be as a cooperating teacher?</li> <li>• What resources are available? <ul style="list-style-type: none"> <li>○ Cooperating / Mentor Teacher Training (CPE hours)</li> <li>○ Co-Teach Review Training (CPE hours)</li> <li>○ Resources Available (Provided during training) <ul style="list-style-type: none"> <li>▪ Essential Handbook for Clinical Teachers</li> <li>▪ Essential Handbook for Cooperating / Mentor Teachers / Reference Guide</li> <li>▪ Essential Handbook for University Supervisors &amp; Administrators</li> <li>▪ Calendars of Clinical Teaching Experience</li> <li>▪ T-TESS Framework / Rubric / Resources</li> </ul> </li> </ul> </li> </ul>
<b>Mentoring</b>	9-13	<ul style="list-style-type: none"> <li>• What else do I need to know? <ul style="list-style-type: none"> <li>○ Welcoming your Clinical Teacher (“Guest Teacher” / “Co-Teacher”)</li> </ul> </li> <li>• How do I welcome my clinical teacher into the classroom and classroom learning community? <ul style="list-style-type: none"> <li>○ Welcoming your Clinical Teacher (“Guest Teacher” / “Co-Teacher”)</li> </ul> </li> <li>• How should I introduce the clinical teacher to others?</li> <li>• How should I include the clinical teacher in my classroom and campus learning environments, so the students and others start to treat the ST with respect from the first day?</li> <li>• What are some other things I can consider when orienting my ST to my classroom and the expectations of the campus / district learning communities? <ul style="list-style-type: none"> <li>○ Orienting the Student Teacher</li> </ul> </li> <li>• What else can I do to support the ST as a mentor? <ul style="list-style-type: none"> <li>○ Encouraging the Clinical Teacher</li> </ul> </li> <li>• How can I help the ST continue to grow and learn what it means to truly be an exceptional educator? <ul style="list-style-type: none"> <li>○ Facilitating Professional Learning and Growth</li> </ul> </li> <li>• What do I need to know to understand what stage my ST is in, so I know how to provide support? <ul style="list-style-type: none"> <li>○ Stages of Concern for Teacher Candidates <ul style="list-style-type: none"> <li>• Pre-Teaching Concern</li> <li>• Concerns about Survival</li> <li>• Teaching Situation Concerns</li> <li>• Concerns about Pupils</li> </ul> </li> </ul> </li> </ul>

<b>Standard Experiences</b>	13-17	<ul style="list-style-type: none"> <li>• What specific obligations will I have to help the ST on assignments / expectations related to TLU and the Clinical Teaching Experience? <ul style="list-style-type: none"> <li>• Clinical Teaching Standard Experiences at TLU</li> <li>• Planning for assuming instructional responsibility <ul style="list-style-type: none"> <li>• Planning Together <ul style="list-style-type: none"> <li>• Lesson Plans</li> <li>• Lesson Internalization</li> </ul> </li> </ul> </li> </ul> </li> <li>• What is the timeline I am expected to follow to share responsibilities with my ST? <ul style="list-style-type: none"> <li>• Instructional Responsibility Timelines</li> </ul> </li> <li>• Co-Teach Requirement</li> <li>• What do you mean by Co-Teach? <ul style="list-style-type: none"> <li>• Co-Teaching</li> <li>• Co-Teaching Strategies / Definitions</li> </ul> </li> <li>• What else am I responsible for? <ul style="list-style-type: none"> <li>• Other responsibilities related to Observations / Evaluations</li> </ul> </li> </ul>
<b>Feedback</b>	17-20	<ul style="list-style-type: none"> <li>• How do I partner with Texas Lutheran University? <ul style="list-style-type: none"> <li>• Promoting and monitoring the progress of your clinical teacher</li> <li>• Communication</li> <li>• Communicating Concerns</li> </ul> </li> <li>• What framework does TLU use for Observations?</li> <li>• What is my role with observing the clinical teacher? <ul style="list-style-type: none"> <li>• Observations (informal / formal)</li> </ul> </li> <li>• Can a clinical teacher be placed on a Growth Plan if the university and I believe one is needed to ensure success of the ST?</li> </ul>

## Welcome Letter

Dear Colleague,

On behalf of the Educator Preparation Program at Texas Lutheran University, I want to thank you for your commitment to our profession through hosting one of our clinical teachers this semester. It is an honor to have our students welcomed into your classrooms and into your professional practice, and we are grateful for your willingness to share your time, your expertise, and your students to help our pre-service teachers (teacher candidates) gain invaluable experience. To share our gratitude, TLU will be providing CPE credits for your expertise and time spent as a cooperating teacher / mentor to our clinical teacher.

Texas Lutheran University, in collaboration with university faculty and cooperating teachers like you, works to ensure that our graduates:

- are knowledgeable about both content and pedagogy,
- understand the powerful outcomes of collaborative work among teachers-- and the powerful outcomes of education,
- strive daily to improve their practice through purposeful reflection.

As part of our collaboration with your campus and district, we are here to provide support as well.

Please don't hesitate to get in touch with me should you have any questions or need anything. Your willingness to mentor other educators is truly appreciated and signifies your dedication to the profession and the students.

Sincerely,

Donna Kubena, MEd; PhD  
Director, Student Teachers & Field Experience  
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## **Clinical Teaching Reference Guide for Cooperating Teachers**

Texas Lutheran University has a rich tradition of developing professional educators who are well-prepared for successful careers in the teaching profession. This clinical experience is the culminating requirement for the undergraduate teacher education and alternative teacher education certification programs at Texas Lutheran University. This experience will provide an opportunity for student teachers to apply the theories and practices accrued through the courses provided by the Education Department for preparing future teachers. This final opportunity will provide a valuable experience for acclimating student teachers to the actual teaching profession. This clinical teaching opportunity will include the following activities: (a) attendance at required professional development seminars at TLU, (b) a minimum of 490 hours of clinical teaching (specific details to follow), and (c) additional responsibilities related to the clinical teaching experience.

Clinical teaching is the capstone field experience for our students working toward teacher certification. The effort of supporting a Clinical Teacher can enhance the Cooperating/Mentor Teacher's professional practice (evidenced either through T-TESS or another district instrument). It is an honor to have our students welcomed into your classrooms and into your professional practice. We are grateful for your willingness to share your time and expertise, as well as your classroom and your students to help our pre-service teachers gain invaluable experience.

To assist you with your roles and responsibilities, the Education Department at TLU will provide training about your role as a cooperating teacher / mentor and how your role interfaces with that of the Clinical Teacher and the Clinical Teaching Faculty through a training. The training is a companion to this guide and contains resources you will need during the semester. If you should need additional support, contact the supervisor of the student teacher or the Director of Student Teaching.

### **The Purpose of Clinical Teaching**

Clinical teaching is the culminating experience of the teacher preparation program at Texas Lutheran University. It is a six-credit hour experience in a classroom of a public, and in some cases private or charter, school accredited by TEA. Single-placement clinical teachers are placed with one cooperating/mentor teacher in one classroom for the entire semester (minimum 490 hours that is not less than an average of four hours each day in the subject area and grade level of certification sought, including planning periods, but not including lunch periods.). Split-placement (All-Level) clinical teachers are placed with one cooperating/mentor teacher for the first half of the semester and with another cooperating teacher for the last half of the semester. As you begin mentoring your clinical teacher, please keep in mind that he/she is a "teacher candidate". Your clinical teacher is not experienced, nor competent in all areas of teaching – even though that is our goal for our students as they complete the clinical teaching experience. Some clinical teachers have a lot of experience in the classroom through field experience hours and other opportunities, while others have only experienced the TAC required hours. For all students, this should be a semester of learning, improvement, and growth. You will be determining areas of strength and challenge for your mentee, and then assisting him/her to develop his/her full potential

## Clinical Teaching Assignment

Your district's assignment of a clinical teacher to you has been done with care and attention to many factors. Adjustments in assignments are not typically made after student teaching begins except in unusual circumstances. If you have any concerns regarding your clinical teacher's placement, please contact the Director of Student Teaching from Texas Lutheran University. No clinical teacher will be reassigned without the prior approval from the Director of Student Teachers from Texas Lutheran University.

TLU Director of Student Teaching  
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830-372-8007 (office)

Clinical Teachers understand that they are guests in the school and that you, the cooperating/mentor teacher, have the final decision about what should and should not be done in your classroom. Please work with your Student Teacher to allow him/her to try innovative teaching strategies when possible.

### Expectations of the Clinical Teacher

The safety of the students in your classroom and their ability to continue to grow cognitively and socially / emotionally while the student teacher is present is a priority for the Education Department at TLU. Clinical teachers attend Texas Lutheran University seminars and meet with the Director of Student Teachers prior to campus placements to receive information about their role during the clinical teaching experience. For more specific information about the expectations of the clinical teacher, the Standard Experiences that clinical teachers will engage in while placed in your classroom, and the policies that guide student teaching, please refer to The Clinical Experience Essential Handbook for clinical teachers. It is suggested that all cooperating/ mentor teachers review this document prior to the start of a clinical teacher experience.

**Texas Education Code of Ethics** - In 2018, an updated Code of Ethics was adopted by the State Board of Education. All preservice and in-service teachers are required to uphold all aspects of this code. To maintain accountability with the Texas Education Agency, clinical teachers must document that they have read and understood the Code of Ethics prior to reporting to their placements within the schools.

### Roles and Responsibilities of the Cooperating/Mentor Teacher

You will be partnering with university clinical teaching faculty and the campus administrator to provide your clinical teacher with mentoring support and guidance.

As per TAC, the duties of a cooperating teacher (CT) include - guide, assist, and support the candidate during the candidate's clinical teaching in areas such as lesson preparation, classroom management, instruction, assessment, working with parents, obtaining materials, and district policies.

The table below provides an overview of your roles and responsibilities in partnership with TLU. If more clarification is needed, please reach out to the Director of Student Teachers.

<h2>Training / Resources</h2> <p><b>What do I need to learn?</b></p> <p><b>What will my role be as a cooperating teacher?</b></p> <p><b>What resources are available?</b></p> <p>CPE credits will be assigned after completion of the trainings.</p>	<p>Cooperating/Mentor Teachers are required to participate in training, as per TAC <b>§228.91(c)</b>. Two formalized trainings are included as part of your experience as a cooperating teacher.</p> <ul style="list-style-type: none"> <li>• <b>Cooperating/Mentor Teacher training.</b> The training will be provided through the use of an asynchronous online module format, <u>Canvas Instructure</u>. An invite will be sent to the CT to access the online modules for the training. <i>As per TAC, the training will occur within the first three weeks of starting to work with the student teacher.</i> Completion of the online training is a requirement of TAC; and as such, it will need to be completed at the beginning of the semester in which the clinical teacher will be in the classroom. <i>Three CPE hours will be provided after successfully completing the training.</i> <ul style="list-style-type: none"> <li>a. <b>Goals of the training:</b> <ul style="list-style-type: none"> <li>• <i>To help inform the CT of the expectations required of the CT, the clinical teacher, and the university supervisor;</i></li> <li>• <i>To help provide a common language / definitions;</i></li> <li>• <i>To help provide mentor and co-teach training (as per TAC) to the CT;</i></li> <li>• <i>To ensure everyone is on the same page when it comes to supporting the ST in ensuring their success in the clinical placement; and</i></li> <li>• <i>To provide contact information of the Director of Student Teachers, in the event the CT would like additional support from the TLU Educator Preparation Program (EPP).</i></li> </ul> </li> <li>b. <b>Other Obligations after the Training:</b> <ul style="list-style-type: none"> <li>• <b>Sign the receipt of handbook / completion of training form.</b></li> <li>• <b>Complete and sign the agreement form [Your TEA number must be included as per current TEA requirements in order for the student teacher to gain credit for their time in your classroom.]</b></li> </ul> </li> </ul> </li> <li>• <b>Co-Teach Review Meeting/Training</b> with the student teacher, the Director of Student Teachers, and the university supervisor (if available). This meeting/training will either be held in-person or virtually – based on the preference of the CT. <i>CPE credit will be provided after successfully completing the training. The training is expected to last one hour. The intent of the training is to provide differentiated support to the CT and the student teacher as needed. The format of this meeting/training will be in a Q&amp;A format, so the questions of the CT and the ST are clarified.</i> <ul style="list-style-type: none"> <li>a. <b>Goals of the training:</b> <ul style="list-style-type: none"> <li>• <i>To provide common language (definitions);</i></li> <li>• <i>To review the various strategies / opportunities that are considered co-teach;</i></li> <li>• <i>To provide one opportunity for the CT to share areas of strength and areas of weakness (As required per TAC) to help support the success of the clinical teacher; and</i></li> <li>• <i>To provide support to the CT, as needed.</i></li> </ul> </li> <li>b. <b>Other Obligations after the Training:</b> <ul style="list-style-type: none"> <li>• <b>Sign the completion of training form.</b></li> <li>• <b>Continue to seek out assistance if the need arises.</b></li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>Resources (provided during training):</b> <ol style="list-style-type: none"> <li>a. <b>Essential Handbook for Student (Clinical) Teaching</b> - This document outlines program guidelines, policies, standard experiences, and participant requirements, roles, and responsibilities. It is suggested that all cooperating teachers download and review this handbook prior to hosting a clinical teacher.</li> <li>b. <b>Essential Handbook for Cooperating/Mentor Teacher / Reference Guide</b> - This document (which you are reading right now) outlines the roles and requirements specific to the cooperating teacher acting as host during a clinical teacher's final student teaching placement. It is suggested that all cooperating teachers review this guide prior to hosting a clinical teacher and reference it as needed during the semester.</li> <li>c. <b>Essential Handbook for University Supervisors &amp; Administrators / Reference Guide</b> - This document outlines the roles and responsibilities specific to the university supervisor and campus administrator as they pertain to supporting the clinical teacher and the CT hosting the clinical teacher.</li> <li>d. <b>Calendar of Clinical Teaching Experience</b> – A calendar will be provided to the clinical teacher, the cooperating / mentor teacher, and the university supervisor to help ensure you are all on the same page as to the timeline of key events that will involve the university. The calendar will be provided as part of the training, so that you will be able to access it as needed.</li> <li>e. <b>T-TESS Framework / Rubric</b> – The rubric is the same tool used for the growth of educators in most Texas public schools.</li> </ol> </li> </ul>
<p><b>Mentoring</b></p> <p><i>What else do I need to do?</i></p> <p><i>How do I welcome my student teacher into the classroom and campus learning community?</i></p>	<p><i>Today more than ever, we are working towards building up our educators to ensure they will want to stay in the profession. The level of mentoring and support a beginning teacher receives during the clinical teaching semester or during the first few years of teaching plays a huge role in helping to ensure we can build quality educators for our students that want to remain in the campus learning environment.</i> The new and unknown aspects of the clinical teaching (student teaching) experience often produce anxious feelings but can be alleviated, in part, by helping your clinical teacher become an accepted member of the professional staff and to be perceived by others as another teacher and not the “student” learning to be a teacher. The important thing to focus on is helping the clinical teacher to feel comfortable in the classroom, the school, and his/her relationship with you, while also helping them to grow as an educator. While each cooperating teacher may approach this differently, the following are a few ideas for how to start this experience off right.</p> <p><b><i>Welcoming your Clinical Teacher (“Guest Teacher” / “Co-Teacher”):</i></b></p> <ul style="list-style-type: none"> <li>• Establish a positive and trusting relationship through early conversations. Mutual respect between you and your student teacher is critical for a successful student teaching experience.</li> <li>• How you introduce the <i>clinical teacher</i> to the students and others on the first day and throughout the semester sets the stage for how your students and others will view him or her. Referring to the clinical teacher as a “student” implies the student is still a student and not a professional that needs to be respected.</li> </ul>

<p><b>How should I introduce the student teacher to others?</b></p> <p><b>How should I include the student teacher in my classroom and campus learning environments, so the students and others start to treat the clinical teacher with respect from the first day?</b></p> <p><b>What are some other things I can consider when orienting my clinical teacher to my classroom and the expectations of the campus / district learning communities?</b></p>	<p>Instead of referring to them as a “student teacher” consider another option such as <b>“Guest Teacher”</b> or <b>“Co-Teacher”</b> for this semester. Although the clinical teacher is a <i>guest</i> in your classroom and in the school, while learning to perfect their skills as an educator, we are also trying to get them to view themselves as a professional like an educator should be seen. When students and other adults in the business view them as something other than the educator they are trying to be, it affects their confidence and self-efficacy skills. Allow the student teacher time to share additional information about him/herself/theirself, providing an early opportunity for your student teacher to begin developing a trusting relationship with the students.</p> <ul style="list-style-type: none"> <li>• Introduce him/her to the school staff of the campus and district – administrators, other teachers, office staff, custodians, etc. These introductions will help him/her feel part of the campus team beyond your classroom. Remember that how you refer to them to others is important. Refer to them the same way as you plan to when you introduce them to the students.</li> <li>• Provide a workspace in your classroom that your student teacher can consider his/her own – even if it is to share your space. Your students need to see the Student Teacher as another teacher in the classroom. There is often not enough teacher desks or space to provide the same type of desk that you might have, so consider something that might be comparable. If you opt to have them share your space, consider how you might add another chair in the area, in case you both need to sit there to visit. Include the student teacher’s name next to your name in the room, so they know both of you are to be considered the teacher.</li> <li>• Help the clinical teacher get involved throughout the campus learning environment – beyond your classroom.</li> </ul> <p><b>Orienting the clinical teacher</b> - There will be a lot of information about your classroom, school, and district to share with your clinical teacher. Space the orientation out over several days to allow your clinical teacher to absorb information.</p> <p>Use the ideas below to help guide this process.</p> <ul style="list-style-type: none"> <li>• Engage in a discussion about your communication preferences and expectations for your clinical teacher. In addition, share information about your classroom process and student information.</li> <li>• Make available copies of textbooks and other print materials and provide access to online resources, if possible.</li> <li>• Discuss your daily schedule and how your classroom time and space is arranged. Cover any classroom procedures, such as restroom passes, class helpers, etc.</li> <li>• Discuss your campus discipline management plan and your specific behavior management system for your classroom.</li> <li>• Discuss staff hours, morning check-in process, lunch options, workroom use, and other staff expectations. Provide access to the teacher handbook, student handbook, and other appropriate school policy resources.</li> <li>• Discuss the expected dress code for faculty at the campus / district.</li> <li>• Include your clinical teacher in team / department meetings, PLC meetings, faculty meetings, professional development events, and parent conferences / meetings. If appropriate, include your clinical teacher in specialized meeting, such as MTSS, ARD, LPAC, etc.</li> <li>• Develop a regular schedule for planning, addressing questions and issues that</li> </ul>
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**What else can I do to support the clinical teacher as a mentor?**

**How can I help the clinical teacher continue to grow and learn what it means to truly be an exceptional educator?**

- may arise, and discussing the day's events.
  - Discuss expectations for phone calls and emails. (i.e. when it is too late to call; whether you will accept texts or not, etc.).
  - Provide routine communication you receive regarding school events (i.e. book fairs etc.).
- Encouraging the Clinical Teacher** - Many clinical teachers strive to be perfect and may feel that asking for help is a sign of weakness. Reassure your clinical teacher of your support as he/she begins to assume instructional responsibilities.
- Encourage and support the clinical teacher by providing resources, as well as honest feedback in a manner that will help the clinical teacher grow as an educator, while helping to build confidence and efficacy as an educator.
  - Encourage creativity and different teaching strategies. Welcome discussion (but not necessarily implementation) of changes in the classroom organization or instructional planning and delivery that would fit his or her style.
  - Sometimes it is good experience to let the clinical teacher try something, even if you think it may not work. Provide an environment conducive to trying something new, supported by your encouragement and guidance.
- Facilitating professional learning and growth** - You were selected to be a cooperating /mentor teacher because of your dedication to teaching and your willingness and ability to guide the growth of a future teacher. You can enhance your mentorship role by structuring opportunities for reflective dialogue, self-reflection, co-planning, co-teaching, observation / feedback, and collaborative problem solving. The following guidelines will help structure your mentoring efforts.
- Include reflective dialogue, self-reflection, regular co-planning, co-teaching opportunities, observation / feedback, and collaborative problem-solving in your daily / weekly schedule with the clinical teacher.
  - Your clinical teacher will be required to consider how you have set things up in your classroom and how you handle certain situations, in order to help them to identify how they will want to design and foster their own learning environment when they are blessed with their own classroom. When your clinical teacher asks questions, help them to understand the “why” behind what you have done, as well as other things you may have considered during your journey of becoming the educator you are now.
  - Allow the clinical teacher to begin to take over roles / responsibilities from the start – even if they are minor ones.
  - When you are sharing your knowledge / experience / self-reflection, etc. with the clinical teacher, provide a focus for these times so that he/she will be able to observe your language, voice, and actions with purpose. Sometimes, it helps to have the clinical teacher observe how you might do something, instead of just telling them, so that some self-discovery happens. For example, during the first couple of days you might have your clinical teacher watch for implementation of your behavior management system – how you reinforce positive behavior and redirect off-task behavior. Other areas to target could include questioning techniques, transitioning from one activity to another, or the implementation of specific learning strategies, such as cooperative groups. Schedule time to discuss what he/she is observing and experiencing.
  - Clinical teachers are usually most apprehensive about behavior management. Discuss discipline situations as they arise and discuss how your behavior

<p><b>What do I need to know to understand what stage my clinical teacher is in, so I know how to provide support?</b></p>	<p>management system applies. Utilize “think-a-louds” to talk through your decision-making. Guide your clinical teacher to anticipate and prevent potential problems.</p> <ul style="list-style-type: none"> <li>• Discuss how you make instructional delivery decisions. Use think-a-louds as you work through your planning process. Often, clinical teachers see what you do, but they don’t understand what thinking and decisions led you to that action. Think-a-louds will help him/her follow your thought processes as you plan for instruction.</li> <li>• Let your clinical teacher see you make mistakes and then talk about how you adjust plans or instructional delivery.</li> <li>• Include your clinical teacher in on planning meetings and processes with your team (if possible). Set aside time to plan alongside your clinical teacher, regularly co-planning and/or giving feedback on lesson plans developed by him/her. Most districts provide some guidance with lesson plans and the curriculum. Share that with the clinical teacher. Show the clinical teacher how you take that information that is a non-negotiable from the campus / district administrators and make it work during a lesson to meet the diverse needs of your students.</li> <li>• Once your clinical teacher assumes instructional responsibility, observe and give feedback regularly.</li> <li>• Provide both positive comments and constructive feedback. Sometimes just a little praise about something you have noticed will your clinical teacher through the rest of the day. As you identify areas for improvement, providing constructive feedback as specific as possible will help your clinical teacher clearly understand your expectations.</li> <li>• Plan for and facilitate the instructional responsibilities with the clinical teacher, including co-teaching opportunities. (<i>More information is included on what this might look like in the next section and will be visited in the trainings.</i>)</li> <li>• Include the clinical teacher in the lesson preparation process by co-planning the lessons. Think aloud as to why decisions are made regarding the instructional strategies utilized, so that the beginning teacher understands “why” things are done a certain way. Help them also understand how data is utilized in the decisions made during the process of planning the lessons.</li> <li>• Collaborate with clinical teacher to complete various Standard Experiences, including co-teach opportunities.</li> <li>• Collaborate with clinical teacher faculty and campus administrator(s) to promote/monitor progress of the clinical teacher.</li> <li>• If the clinical teacher is not meeting the expectations set for beginning teaching faculty of the district, then the mentor should be honest with the ST with areas that need growth to meet the district’s expectations of beginning teachers. If things do not improve, the university supervisor should be contacted. If things continue to not improve, the Director of Student Teacher should be contacted, and a Growth Plan should be considered.</li> </ul> <p><b>Stages of Concern for Teacher Candidates:</b></p> <ul style="list-style-type: none"> <li>• <b>The first stage is <u>Pre-Teaching Concern</u>.</b> At this stage, teacher candidates are still closer to the student role, rather than the teacher role. The real concerns of pupils and teachers are very remote to the teacher candidates. Teacher candidates are often highly critical of the teacher with whom they are working. They may seem unsympathetic or even hostile to the teacher. At this point the teacher candidate has only their idealism to go on (Company in Your</li> </ul>
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	<p>Classroom, 2000). There are often concerns about their personal life that interfere and inhibit growth.</p> <ul style="list-style-type: none"> <li>• <b>The second stage is <u>Concerns about Survival</u>.</b> As teacher candidates become more involved in the classroom and begin to understand the magnitude of the profession, there is a concern about their own survival as teachers. Idealized, “book-learned” concerns about pupils are replaced by concern about class management and mastery of content. There is also concern about the evaluations by supervisors and cooperating teachers. Being observed causes a great deal of stress at this stage.</li> <li>• <b>The third stage is <u>Teaching Situation Concerns</u></b> At this stage the teacher candidates are beginning to feel a mastery of the areas of concern from the second stage. They are, however, feeling the frustrations and limitations of the teaching situation. Concerns about methods and materials, which are the focus of education courses taken before their student teaching experience, are now taken seriously. This is the “Why didn’t I pay closer attention?” Lament that is so common. The difference between theory and practice is being felt.</li> <li>• <b>The final stage is <u>Concerns about Pupils</u>.</b> At this point the teacher candidates begin to see the trees in the forest. There is a concern for the individual pupil. Understanding individual learning styles and social-emotional needs of pupils is of concern. There is also an understanding that “he or she can be caring and strong, flexible and consistent, child-centered and in-control” (Company in Your Classroom, 2000, p. 69). There is also an awareness of the broader issues in education and a connection to how these issues impact individual students.</li> </ul> <p>Adapted by The Academy for Co-Teaching and Collaboration from Fuller, F. F. (1969). Concerns of Teachers: A Developmental Conceptualization, American Educational Research Journal</p>
<p><b>Standard Experiences</b></p> <p><i>What specific obligations will I have to help the clinical teacher on assignments / expectations related to TLU and the Clinical Teaching Experience?</i></p>	<p><b><i>Clinical Teaching Standard Experiences at TLU</i></b> - To maintain equity with assignments and workloads, Texas Lutheran University has established a set of common experiences for clinical teacher. Because of the context of the placements, the details of these requirements vary somewhat between elementary and secondary. Clinical teachers will receive specific information about these standard experiences from clinical teaching faculty during the orientation meeting at the beginning of the semester. The major requirements are listed in The Clinical Experience Essential Handbook for Clinical Teaching.</p> <ul style="list-style-type: none"> <li>• Some of the Standard Experiences require a collaborative effort between you and your clinical teacher. These specific experiences are listed in the table above.</li> <li>• The rest of the standard experiences are led or guided by clinical teaching faculty and/or completed by the clinical teacher independently.</li> </ul> <p><b><i>Planning for assuming instructional responsibility</i></b> - One major goal of the student teaching experience for TLU students is for your clinical teacher to assume responsibility of the classroom for a given amount of time determined by the CT and clinical teacher. We need to know that the clinical teacher can independently facilitate a positive learning environment for all learners. Opportunities need to be given to ensure the clinical teacher can confidently take on this role without the CT support, if needed. Two of the four observations will require the clinical teacher to teach by themselves, while the other two will require at least one co-teach strategy utilized with the ST taking lead of the lesson. With that in mind, the time a clinical teacher takes over the</p>

classroom independent of the CT participating in co-teach scenarios does not have to be consecutive days. The more experience the clinical teacher has as in the teacher role independent of the co-teach module, the more prepared the clinical teacher will be when earning a future position as the teacher of record.

- **Planning Together:** To guide your student teacher's progress toward independent planning and teaching, we recommend the CT and clinical teacher regularly and cooperatively plan together with weekly and/or daily sessions. Facilitate planning time with other teachers if shared planning occurs in a department or team. Provide your student teacher with a copy of your weekly plans to help him or her see the big picture – especially during the first weeks while he or she is becoming acquainted with classroom expectations.
- **Lesson Plans:** Clinical teachers are required to develop and submit lesson plans as directed by clinical teaching faculty ***using the TLU format***. The clinical teachers have been provided with formats for these lesson plans. Although we expect the clinical teacher to use our plans, they should still be co-planning with the CT. When the CT has electronic access to department plans, the CT should help the clinical teacher gain access to the information. That information can be included in the TLU lesson plan. If more details are required by TLU than the District and Campus, the clinical teacher will need to add that information. We ask them to consider more in the planning on paper than what experienced teachers will need to do, since we are trying to help them consider what needs to be considered as part of being prepared to teach a lesson.
- ***Lesson plans should be done collaboratively with the CT.*** This could include a pre-planning meeting and then a follow-up meeting to discuss what was written in the TLU lesson plan template. The CT should identify an appropriate timeline for when the follow-up meeting on the lesson plan will occur. For example, if you are expected to have your plans completed by the Thursday the week before they are delivered to the students, then have the clinical teacher submit their plans to you by that time or on Friday, so you have time to meet with the clinical teacher to discuss any adjustments that need to be made before delivery of the lesson.
- Support and direction from you are extremely important throughout the clinical teaching experience. It is okay for the clinical teacher to use your ideas or ideas from others in the team to guide their ideas; however, the ideas need to be documented in the TLU Lesson Plan format and expanded upon as necessary.
- ***A TLU lesson plan provided by the Director of Student Teachers should be used throughout the semester once the clinical teacher takes over part of a lesson using a co-teach strategy or the entire lesson as the lead teacher.*** When the CT / clinical teacher plans a co-teach lesson, an alternative co-teaching planning sheet should be completed by the clinical teacher to ensure they understand and are prepared for their part of the lesson. The process of completing the documents should begin for the first informal or formal observation scheduled by the university supervisor and continue throughout the semester whether the clinical teacher is expected to be observed (formally or informally) by the university supervisor or not. Copies of the lesson plans will be utilized as evidence of the clinical teacher's ability to plan quality lessons to meet the diverse needs of the students.
- ***Lesson Internalization*** – It is the expectation that the ST completes a lesson

<p><b>What is the timeline I am expected to follow to share responsibilities with my Clinical Teacher?</b></p> <p><b>Co-Teach Requirement</b></p>	<p>internalization form for each lesson plan in which the ST plans to facilitate the lesson.</p> <ul style="list-style-type: none"> <li>• <b>Instructional Responsibility Timelines:</b> Jointly develop a schedule of how your clinical teacher will assume instructional responsibility. Try to assign something for the clinical teacher to do from the beginning and then add tasks as the clinical teacher exhibits readiness to do so. The timeline will look different for each clinical teacher based on the comfort level of the clinical teacher, the CT, and the students that will be in each class. It is recommended that clinical teacher start slow with tasks during a given lesson and then ease into co-teach opportunities. As confidence builds, progress to taking over an entire lesson independently to give that experience, then several subjects or class periods, before taking over for the whole day. The longer the clinical teacher is able to teach full day, the more experience the clinical teacher will have increasing the preparedness for the clinical teacher to be successful in a future classroom.       <ul style="list-style-type: none"> <li>• As you begin to implement the timeline, discuss with your clinical teacher ways the two of you can work together during the time the clinical teacher will be teaching to provide the best possible experience for the students in your class. Remember, TAC requires co-teaching to occur, so include co-teaching strategies throughout the clinical teaching experience.</li> <li>• Provide your student teacher with as much “space” as possible to exercise his/her independence when the clinical teacher demonstrates readiness. Being out of the classroom for acceptable periods of time or moving in and out of the classroom to take care of other tasks will accomplish this. The clinical teacher can also accomplish this, however, by allowing the clinical teacher to take the lead without interruptions during a lesson – unless you are co-teaching.</li> <li>• Consider coming up with a plan or signal (i.e. standing by a designated space in the room) to allow the clinical teacher to know you need to have a moment to visit with the student. This will allow the clinical teacher to naturally come to a point in the lesson to allow the students to reflect or collaborate, while you privately approach the concern or clarification you are seeking to ensure students get accurate information. This process will help the clinical teacher grow in a safe space, building confidence and efficacy skills without feeling embarrassed.</li> <li>• Texas Lutheran University recommends that your clinical teacher grade papers only for the subjects he or she is actively teaching.</li> </ul> </li> <li>• Co-create a plan for gradual release of teaching responsibilities for the clinical teacher, as well as co-teaching opportunities. Although we want the clinical teacher to be able to take on the role of a teacher independently and to demonstrate mastery of the educator standards, we also want them to learn the value in co-teaching. As of Sept. 1, 2024, co-teaching is a TAC requirement in law to help support the clinical teacher’s learning. We also understand the positive impact this opportunity can have for all learners in the classroom setting. The timeline for students to take the lead (independently or in a co-teach role) will be <i>individualized</i> based on each clinical teacher’s experience and mastery of the educator standards, comfort level, and contextual reasons related to the placement. It may not be linear. For example, if it is determined that a clinical teacher needs additional support after taking over a role, then a</li> </ul>
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	<p>step back may be warranted to provide the additional support needed before the role is released again to the clinical teacher. Please note that there is not a designated amount of time that a clinical teacher must teach independently – other than we need to know they are able to be successful by themselves and the students will be safe and continue to learn when they are the only educator giving the instruction and that they are able to demonstrate master of the educator standards (as per TAC). Another consideration we have to consider is that at the end of the clinical teaching experience, the university supervisor and cooperating teacher need to have evidence that the clinical teacher is proficient in the educator standards as demonstrated through earning at least proficient on the T-TESS formatted evaluation utilized by TLU. Co-teaching opportunities can be spread out throughout the time you have with the clinical teacher.</p>
<p><b>What do you mean by co-teach?</b></p>	<p><b>Co-Teaching</b> <i>[More information will be shared during the training.]</i></p> <ul style="list-style-type: none"> <li>• <i>Co-Teaching is an attitude... an attitude of sharing the classroom and student. Co-Teachers must always be thinking... <u>We're both teaching!</u></i></li> <li>• <u>Co-Teaching is defined as:</u> two teachers working together with groups of students – sharing the planning, organization, delivery, assessment, and reflection of instruction, as well as the physical space. Both teachers are actively involved and engaged in all aspects of instruction.</li> </ul>

## Co-Teaching Strategies / Definitions

Co-Teaching Strategy	Definition
One Teach, One Observe	One teacher has primary instructional responsibility while the other gathers specific observational information on students or the (instructing) teacher. The key to this strategy is to focus the observation – where the teacher doing the observation is observing specific behaviors. It is important to remember that either (teacher candidate or cooperating teacher) could take on both roles.
One Teach, One Assist	One teacher has primary instructional responsibility while the other assists students with their work, monitors behaviors, or corrects assignments. The teacher assisting often lends a voice to students or groups who would hesitate to participate or add comments.
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.
Parallel Teaching	Each teacher instructs half the students. The two teachers are addressing the same instructional material, using the same teaching strategies. The greatest benefit to this approach is the reduction of student to teacher ratio.
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 re-taught, extended or remediated.
Alternative Teaching	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.
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 student's perspective, there is no clearly defined leader – as both teachers share the instruction, are free to interject information, and are available to assist students and answer questions.
Combinations	Merging two or more strategies to better meet student needs.

<p><b>Other Responsibilities</b></p> <p><b>What else am I responsible for?</b></p>	<ul style="list-style-type: none"> <li>• Complete <u>one</u> lesson observation and post-observation conference with the <u>clinical teacher</u> for students with <u>two placements</u> <b>or</b> <u>two</u> lesson observations and post-observation conferences with the clinical teacher with <u>one placement</u> (one before mid-term and one afterwards) using a provided observation tool by TLU that is related to the T-TESS rubric.</li> <li>• Complete informal observations / provide feedback to assist the clinical teacher's continued growth.</li> <li>• Clinical teachers with one placement will have a total of four observations by the university supervisor, as well as some informal observations, during their time as a clinical teacher. If the clinical teacher has two placements, the clinical teacher will have three formal observations by the university supervisor in the</li> </ul>
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	<p>first placement and three in the second placement. At least two formal observations should include them co-teaching with the CT (the first two observations are recommended for students regardless of the placement). Additional co-teach lessons can be done for those in two placements, as long as at least the last two observations are done independently. During a co-taught lesson that is being observed by the university supervisor, the university supervisor will be observing the type of co-teaching strategies utilized, as well as other areas of focus to monitor and support the clinical teacher. The mentor teacher will not be the focus of the observations that are co-taught.</p> <ul style="list-style-type: none"> <li>• Facilitate the attendance at the required meetings on campus, including the specialized meetings that TLU requires of our students (i.e. PLC, faculty, department, IEP, etc.).</li> <li>• <b>Student Work Reflection</b> - Provide input for clinical teacher submission of the student work reflection if the clinical teacher asks for their advice on a topic.</li> <li>• <b>Midpoint Meeting</b> – Collaborate with the university supervisor to determine areas of strength and goals for improvement. Also, include areas of reinforcement and refinement to continue to target. Share together the information with the clinical teacher and co-create goals and action steps to help the clinical teacher continue to grow. The university supervisor will take the lead of the midpoint conference.</li> <li>• <b>Final Evaluation Conference</b> – Participate in the summative conference with the clinical teacher and clinical teaching Faculty. The final evaluation conference will be led by the university supervisor. The evaluation will include an average of the scores from previous observations, including the ones completed by the CT. Based on <b>§228.67(c)</b>, <i>"Clinical teaching is successful when the candidate demonstrates proficiency in each of the educator standards for the assignment and the field supervisor and cooperating teacher recommend to the EPP that the candidate should be recommended for a standard certificate. If either the field supervisor or cooperating teacher do not recommend that the candidate should be recommended for a standard certificate, the person who does not recommend the candidate must provide documentation (e.g., evidence of failure to demonstrate proficiency in educator standards, evidence of failure to meet program requirements, evidence of failure to adhere to campus policies) supporting the lack of recommendation to the candidate and either the field supervisor or cooperating teacher."</i></li> <li>• In addition to successfully completing the clinical teaching experience, the clinical teacher must complete the TLU requirements as designated by the Director of Student Teaching at the beginning of the semester, in order to successfully meet the requirements of being considered a “completer” of the TLU Educator Preparation Program.</li> <li>• Once the clinical teacher passes the TExES certification exams associated with the certification area they are seeking a teaching degree, completed all the program requirements at TLU, and successfully completed their Clinical Teaching experience, they will be eligible to apply for their Standard certificate.</li> </ul>
<b>Feedback</b>  <i>How do I partner with Texas</i>	<p><b>Promoting and monitoring the progress of your clinical teacher</b> - The guidance you provide when mentoring is critical to the professional growth of your clinical teacher. The daily interactions focused on teaching and learning that you have with your clinical teacher can have a powerful positive impact on their future as educators.</p> <p><b>Communication</b> - Regular communication between you and Student Teaching Faculty is essential to the mentoring partnership needed to ensure the continued growth of your clinical teacher. The training seminars and observations conducted by</p>

<p><b>Lutheran University?</b></p> <p><b>What framework does TLU use for observations?</b></p>	<p>faculty are enhanced and supported by your daily involvement in the student teaching experience.</p> <ul style="list-style-type: none"> <li>• Faculty has been given your work email prior to your clinical teacher's placement and will use this email address as the main method of communication. It is important for you to regularly check and respond to emails from clinical teaching faculty. Feel free to share additional contact information with Faculty, such as your home or cell phone number, if desired. Faculty will share his/her contact information with you and will respond to any communication from you within 2 business days.</li> </ul> <p><b>Communicate concerns.</b> The safety of your students and their academic and social / emotional growth is the upmost priority for our TLU Educator Preparation Program. In addition to gaining guidance from your campus administrator, the CT is encouraged to utilize the support of the faculty at TLU.</p> <ul style="list-style-type: none"> <li>• If problems or concerns arise regarding your Student Teacher, you should notify clinical teaching faculty <u>immediately</u>. Handling issues as soon as they arise will assist both you and Faculty in addressing improvement issues as early as possible. You are also welcome to contact the Director of Student Teachers for support. We want to create a culture of support for both the clinical teacher and the CT, as we know that the students will be the ones to also benefit from two quality educators in the classroom.</li> <li>• Collaborate with clinical teacher faculty to determine clinical teacher's progress during required checkpoints. As of Sept. 1, 2024, this will be required a minimum of three times.</li> <li>• Collaborate with clinical teacher faculty to determine final evaluation ratings at end of placement.</li> <li>• Identify on the final evaluation form whether the clinical teacher is ready to apply for a Standard Certificate.</li> </ul> <p><b>What framework does TLU use for observations?</b> Texas Lutheran University uses the <i>T-TESS (Texas Teacher Evaluation and Support System) framework</i> as the guide to the evaluation tool for observations, the teacher evaluation tool currently endorsed by the Texas Education Agency. The Framework is aligned to the Texas Lutheran University Teacher Standards as well. Experience with the Framework prepares clinical teacher for entrance into the public school system of Texas.</p> <ul style="list-style-type: none"> <li>• The <b>T-TESS Framework</b> has four domains that describe what effective teaching and learning looks like and sounds like in the classroom. Though the Framework was developed to describe the practice of a certified teacher in the classroom, Texas Lutheran University values the use of the rubric with clinical teachers to reinforce growth towards highly effective instructional practices.</li> <li>• Since Texas teachers receive training from their districts on the T-TESS framework, additional formal training will not be provided unless the CT needs the additional support. It is suggested that cooperating teachers familiarize themselves with T-TESS rubric and Teacher Guide. These documents will be provided to you during your training meeting.</li> <li>• Clinical Teaching Faculty will use the T-TESS Framework and rubric when conducting observations of the clinical teacher. Discussions during seminars are grounded in the Framework's language.</li> <li>• By using the language within the Framework in your discussions with your ST,</li> </ul>
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<p><i>What is my role with observing the clinical teacher?</i></p>	<p>you can help him/her see the connection between the Framework and effective practices in planning, classroom management, instruction, and professional responsibilities.</p> <ul style="list-style-type: none"> <li>Even though the rubric is being utilized on a pre-service / clinical teacher, the intent of the rubric should be followed when giving feedback on a clinical teacher's instructional delivery of a lesson. In other words, the lens the rubric will be used is similar to that of what would be utilized of a first-year teacher – in order to determine if a clinical teacher is ready for their own class. Keep in mind that most beginning teachers score at the developing or needs improvement levels initially with a few proficient areas noted. An administrator at a conference once shared, “If a teacher or clinical teacher scores a rating as “accomplished” in an area, other certified teachers on the campus should be invited to watch / observe what the teacher / clinical teacher is doing to earn the rating of “accomplished”. If a teacher / clinical teacher scores the rating of “distinguished” in an area, clinical teachers, teachers, and administrators across the district should be invited into the teacher’s / clinical teacher’s classroom to see what they are doing to earn the rating of “distinguished”. The goal for the clinical teacher is to reach “Proficient” in each area by the end of the clinical teaching semester.</li> </ul> <p><b>On of the biggest realizations I had as an administrator was that our faculty (including our clinical teachers) needed <u>differentiated support</u> from those that supported them through their journey as an educator.</b> Each clinical teacher will need something different from a CT. You will know what type of support you need to provide or seek assistance with from the university supervisor and/or Director of Student Teachers through your daily interaction with the clinical teacher, including the informal and formal observations you administer.</p> <p><b>Observations</b> - Your perception of your clinical teacher’s work is one of the most important parts of your role as cooperating teacher and mentor. Formal and informal observations followed by reflective conversations are a powerful way to guide the professional learning of your clinical teacher. Guidelines for observations are provided below.</p> <ul style="list-style-type: none"> <li><b>Informal Observations</b> - As you <i>informally</i> observe your clinical teacher on a daily basis, take note of strengths and areas for improvement. Regularly provide feedback and time for discussion exchanges. Help your clinical teacher to identify the cause-and-effect relationship between teacher behavior and student performance and provide critical feedback in a manner that encourages the student to move forward in a positive way. The university supervisor is now also required as per TAC to complete informal observations throughout the semester, so your collaboration with the university supervisor will be extremely valuable.</li> <li><b>Formal Observations</b> – Cooperating teachers will be required to <i>formally</i> observe your clinical teacher a minimum of one time for students that have two placements <i>or</i> two times for students that only have one placement (once during the first half of a semester and once during the second half of a semester). An observation from a CT should occur during each half of the placement. <ul style="list-style-type: none"> <li>This observation should be announced ahead of time to ensure a formal lesson plan has been created by the clinical teacher and should be followed up with written feedback and time for discussions of strengths and suggestions for improvement.</li> </ul> </li> </ul>
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*Can a Clinical Teacher be placed on a Growth Plan the university supervisor and I believe one is needed to ensure success of the clinical teacher?*

- An observation form based on the T-TESS framework will be included in the training. You should use this when observing your student teacher.
- After the observation, the clinical teacher should reflect over the observation in a similar manner that is done when the university supervisor completes an observation. The responses to the questions reflected on should be discussed with the cooperating/mentor teacher during the post-observation conference. At this time, the CT will have him/her sign the observation form. This will be helpful in documenting his or her receipt of the feedback and indicating that you have discussed the observation with your clinical teacher. Your clinical teacher should receive a copy of these observation as well. Maintaining copies of written comments will be invaluable to you when preparing the final evaluation for your clinical teacher.
- A copy of your written observation and lesson plan used for the observation should be given to clinical teaching faculty.
  - The observation that a CT completes should be a different lesson than what is observed by the university supervisor.

**Growth Plan:** If a clinical teacher's performance is in need of *significant intervention in order for the clinical teacher to complete clinical teaching*, the Growth Plan process will be initiated, and the Director of Student Teaching at Texas Lutheran University will be informed.

- Ideally, the identification of areas needing significant improvement will occur early, leaving time for action steps to be implemented. Early and open communication between the clinical teacher, the cooperating teacher, and clinical teaching faculty is critical.
- Once it has been determined that a growth plan is necessary, a conference with the clinical teacher will be held. The clinical teacher will be responsible for the co-creation and enactment of the growth plan with guidance provided by the cooperating teacher and clinical teaching faculty member.

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