STUDENT TEACHING AGREEMENT

A Partnership Between

Ferris State University Teacher Education program and_____________________________________________

The student teaching experience is a vital part of professional teacher preparation and is considered a joint responsibility of Ferris State University and cooperating local educational agencies. Further, the program should contribute to the welfare of the school system and effective learning for pupils. In fulfillment of those responsibilities the parties concerned enter into this agreement.

__________________________________________________________________________________________

SEMESTER:

STUDENT TEACHER:

Expected Starting  Expected Ending
Date:   Date:
(Minimum of 15 weeks (75 full days))

__________________________________________________________________________________________

MAJOR AREA(s):

MINOR AREA(s):

THE HOST SCHOOL AGREES TO:

1. Select a certified and experienced teacher(s) in appropriate subject areas to supervise this student teacher and to provide advice and counsel to assure high quality professional experiences in the school and in the community.

2. Accept the student teacher as a junior member of the teaching faculty and provide facilities, resources, and teaching materials regularly available to other teachers.

FERRIS STATE UNIVERSITY AGREES TO:

1. Assign a university supervisor to assist the student teacher and the local supervising teacher in the student teaching experience.

2. Convene the student teacher and the local supervising teacher for evaluation purposes.

3. Award the student teacher appropriate academic credit upon successful completion of the experience.

THE STUDENT TEACHER WILL:

1. Enroll in the appropriate Teacher Education course(s) for the student teaching experience.

2. Be governed by the general policies of the school system, and agrees to abide by all policies and procedures indicated in the Ferris State University Directed Teaching Guide.

Signatures:

_______________________________________  ______________________________________  
SUPERVISING TEACHER  DATE  Please print name here.

_______________________________________  ______________________________________  
SUPERVISING TEACHER  DATE  Please print name here.

_______________________________________  ______________________________________  
PRINCIPAL/DIRECTOR   DATE  Please print name here.

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Please retain the white copy for your files and return the other two copies using the postage-paid envelope provided.

Ferris State University, School of Education, Bishop Hall 618, 1349 Cramer Circle, Big Rapids, MI 49307